



national
RIGHT TO LIFE
NEWS

March 2022

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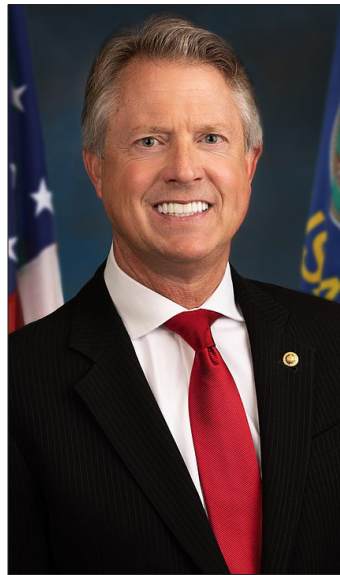


**ABORTION: KILLS ONE,
HURTS ANOTHER**

Kansas Senator Roger Marshall Introduces “Ultrasound Informed Consent Act”

WASHINGTON — Senator Roger Marshall (R-Kansas) has introduced legislation that would require abortionists to make an ultrasound available to a woman seeking an abortion. Senator Marshall is a medical doctor specializing in obstetrics.

“We thank Senator Marshall for his dedication and commitment to protecting both women and their unborn children,” said Carol Tobias, president of National Right to Life (NRL). “As a physician, Senator Marshall understands that mothers need as much information as possible before



Sen. Roger Marshall

making the life-or-death decision of abortion for her unborn child. This legislation would give women the vital information they need before making a life-changing decision.”

The “Ultrasound Informed Consent Act” is designed to give women the option of observing an ultrasound of their unborn child before having an abortion. The language of the bill is based on legislation developed by National Right to Life. Currently, 28 states have some requirements providing ultrasounds to pregnant mothers prior to an abortion. Six of

these states have passed the revised NRLC model “Right to Know and See” that requires an ultrasound to be performed and displayed for the mother to see. Twenty-two (22) states have passed an earlier NRLC model, “Opportunity to View,” which requires that any ultrasound performed must allow the mother the opportunity to see her baby.

Ultrasound legislation is in effect in 26 of the 28 states with two states (North Carolina and Montana) not in effect

See “Marshall,” page 21

Massive Spending Bill Preserves Pro-life Protections, including the Hyde Amendment

By Jennifer Popik, J.D., Director of Federal Legislation

Late Thursday, March 9th, the Senate passed a massive omnibus spending bill which contains long-standing pro-life protections, including the Hyde Amendment. This victory comes in the face of pro-abortion Democrats’ year-long campaign to remove long-established pro-life protections from spending packages.

The \$1.5 trillion appropriations package now heads to President Joe Biden’s desk, where he’s expected to sign it this week. The 12-bill omnibus is the result of months of negotiating, as well as a last-minute effort to add aid to Ukraine.

On Friday President Biden signed a continuing resolution to fund the federal government



in the short term, averting a government shutdown. The Senate-passed larger appropriations bill, which funds the government through

September, takes time to make its way from Congress to the White House. Biden is

likely to sign the \$1.5 trillion appropriations bill next week.

This marks an impressive win for pro-life Republicans who worked hard to preserve this

life-saving policy.

While campaigning for president, Biden reversed his long-standing support for the Hyde Amendment, which prevents tax-payer funding of abortion. In addition, Speaker Nancy Pelosi (D-Calif.) announced in August 2021 that she intended not to include long-standing pro-life protections in the 2022 appropriations bills.

House Appropriations Chair Rosa DeLauro, (D-Conn.), the first chair since 1977 to remove Hyde in the original bill, expressed frustration over

See “Hyde,” page 27

Editorials

What do you know? President Biden says he “won’t stand” for ban on abortion after 15 weeks

It was short and not at all sweet—a tweet in which pro-abortion President Joe Biden said, “My administration will not stand for the continued erosion of women’s constitutional rights.” He was referring to the latest pro-life breakthrough: Florida’s bill banning abortion after 15 weeks. (Later in the day, Gov. DeSanctis said he would sign the legislation.)

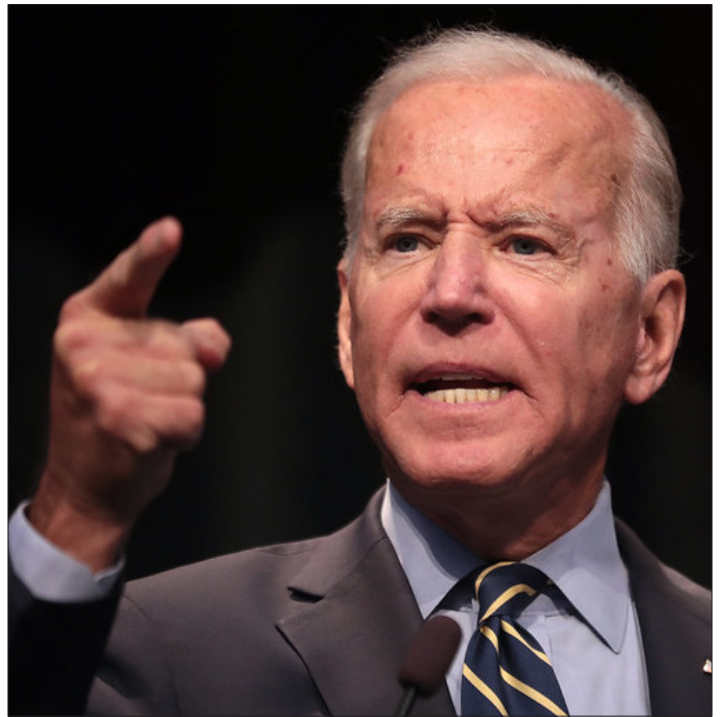
Not to be outdone, pro-abortion Vice President Kamala Harris tweeted, “This bill is extreme by any standard. The right of women to make decisions about their own bodies is non-negotiable.”

The tweets followed “a roundtable discussion with Florida reproductive rights advocates and elected leaders to discuss Florida’s House Bill 5.”

According to a readout of White House Meeting with Florida Reproductive Rights Advocates

During the meeting, Florida leaders shared their efforts opposing HB 5 and the steps they are taking to support women’s access to reproductive health care. Senior Administration Officials emphasized the Administration’s support of Floridians’ reproductive rights and thanked the leaders for their efforts. They also discussed the larger trend of state laws restricting access to critical reproductive health care in states across the country.

See “Biden,” page 29



*Pro-abortion President Joe Biden
Photo: Gage Skidmore*

Biden and his fellow pro-abortion Democrats have lost massive ground among electorate

Very early in his March 1 State of the Union Address—his second paragraph in fact—President Biden said, “Tonight, we meet as Democrats Republicans and Independents. But most importantly as Americans.”

If a raft of surveys is indicative, Americans—particularly Independents and Republican but even a growing number of Democrats—are growing more and more united in their disapproval of our 46th President.

After a very brief reprieve, the downward spiral of Mr. Biden continues to pick up speed. Take the latest *Wall Street Journal* poll released last Friday.

According to Guy Benson, when it comes to job approval, the President is underwater by 15 points—42% approval, 57% disapproval—“virtually unchanged from last November, when pro-Republican swings flipped the governorship in bluer Virginia – and came surprisingly close to doing the same in bluer New Jersey. His personal favorability has also eroded over the ensuing months, dropping from (-11) to (-15).”

The latter figure is very telling. During the campaign and into his first year as President, people separated how they felt about his job performance with how they felt about Biden as an individual. The two lines are now crossing.

The public’s preference for which party they prefer to be in power—long a huge advantage for Democrats—has flipped. “46% of voters said they would back a Republican candidate for Congress if the election were today, compared with 41% who favored a Democrat, with Republicans gaining support among Black and Hispanic voters since the last *Journal* poll,” the *Wall Street Journal*’s Michael Bender reported.

Very telling is the migration of minority voters into the Republican column. “The survey also found Republicans making gains among minority groups,” Bender wrote. “By 9 percentage points, Hispanic voters in the new poll said they would back a Republican candidate for Congress over a Democrat. The two

See “Democrats” page 32

From the President Carol Tobias

Let's Make America Shine!



I was invited by Ibero-American Congress for Life and Family (CIVF) to join them for some special events in Guatemala last week. The president of Guatemala, Dr. Alejandro Giammattei, was hosting a celebration that declared Guatemala to be the “Pro-Life Capital of Ibero-America.”

In conjunction with this celebration, CIVF was hosting its “6th Annual Assembly of the Ibero-American Congress for Life and Family,” along with the “Continental Summit of Government Officials.” I was asked to participate on a panel titled, “Defending Life: new global challenges” for the Annual Assembly. I, of course, accepted the invitation with pleasure!

The title of “Pro-Life Capital of Ibero-America,” given to Guatemala, is well-deserved. President Giammattei and the congressional leadership are strongly pro-life. The country’s law does not allow abortion unless the mother’s life is in danger. And Guatemala is the latest country to sign on to the Geneva Consensus Declaration, a critical effort coordinated by President Trump’s administration.

Initially signed by the US and 31 other countries, the Geneva Consensus Declaration firmly states that there is no international right to abortion and that every country has the sovereign right to make their own laws to protect innocent human life. Guatemala became the 35th country to sign the document.

Guatemala would have been the 36th signatory but, unfortunately yet not surprisingly, one of Joe Biden’s first acts as president was to withdraw the US as a signatory to the Declaration.

The Assembly hosted by CIVF was extremely encouraging. As you would expect, with a name like “Ibero-America,” most attendees spoke Spanish and many were bilingual. They welcomed English-only speakers from the US to the Assembly in an effort to unite our goals and efforts on behalf of life.

There were pastors who wanted to help equip other pastors to promote life in their congregations. There were those who, like me, represented organizations that work to affect public policy. Others work with pregnancy centers and adoption promotion and post-abortive women. The people in attendance represented a variety of interests and talents that make up the pro-life movement.

During my panel discussion, I was asked what I considered the biggest local (US) and global challenges for the pro-life movement. I narrowed it down to two items.

The biggest battle we have is to make sure Democrats in Congress do not have the votes to enact a radical unlimited-abortion-on-demand-for-all-nine-months-of-pregnancy law as a national law--overriding the many pro-life laws in effect in the states. In addition, we must make sure pro-abortionists do not add a sufficient number of justices to the Supreme Court to lock in that law for many, many years to come. The “easy” solution is to elect pro-life candidates, especially US Senate candidates, in November.

I explained why my biggest global concern is the abortion pill. Women are basically being assured that killing their baby is about as easy as taking an aspirin. The abortion pill is dangerous for baby and

or dangers for her individual situation is essential. In addition the visit presents the opportunity to conduct an ultrasound and/or the critical ability to date the pregnancy. The numbers of complications, failures and incomplete abortions rise the farther along the woman is past the official 10-week cutoff.

As I watched President Giammattei unveil a monument declaring Guatemala “Pro-Life Capitol of Ibero-America,” I thought of my beloved country. For 400 years, people around the world have looked to America as a beacon of hope; the land of freedom and liberty and opportunity. Ronald Reagan called America a shining city on a hill.

But that light has dimmed. In 50 years, we’ve killed more than 63 million unborn children, and we’ve given billions of dollars to organizations that promote and perform abortions in developing countries.



Guatemala President Dr. Alejandro Giammattei with NRLC President Carol Tobias

mother, and is becoming increasingly easier to obtain.

I addressed the way many of our state affiliates are confronting the increased use of mifepristone/misoprostol through legislation. Various efforts include a requirement that the abortionist inform women about the Abortion Pill Reversal process. Genuine informed consent should include making sure a woman knows that, if she begins the two-drug chemical abortion technique but changes her mind after taking the first drug (mifepristone) but before taking the second dose of pills (misoprostol), she may be able to seek help to save her baby.

Other provisions would prevent sending abortion pills directly into a woman’s home via mail. Requiring that the woman meet in-person with the abortion pill-prescribing doctor so that she can be given a physical exam to determine possible complications

Just maybe, this year, the US Supreme Court will overturn *Roe v Wade* so we can protect babies, at least in some states (unless, as stated above, Democrats in Congress pass a national pro-abortion law). And we’ll work hard to elect another president who won’t fund abortion.

I want America, again, to be a light to the world, promoting the sanctity and dignity of human life. But we have a lot of work to do.

We need to elect pro-life candidates in this year’s elections. We need to educate more people about the humanity of the unborn child and why we need to protect and defend our weakest and most vulnerable brothers and sisters. We need to help women who think their only or best option is killing their child, and we need to provide support for women who are dealing with post-abortion after-effects.

Let’s help America to shine!

Catherine Davis will be our Prayer Breakfast speaker at the 2022 National Right to Life Convention

Roster of speaker for NRLC 2022 beginning to take shape

By Dave Andrusko

We are excited to announce that we now have confirmation. Catherine Davis will be speaking at #NRLC2022 opening Prayer Breakfast, June 24. Miss Davis is the founder and president of The Restoration Project. She often

issues that are impacting the Black community.

One of our most popular speakers will anchor the General Session right after the Prayer Breakfast. Wesley J. Smith, J.D. will be speaking on “Preventing Technocracy

Institute’s Center on Human Exceptionalism and is Host of their “Humanize” Podcast.

For those of who are passionate about motivational speakers and football, Friday night NRLC 2022 welcomes Super Bowl Champion &

to organizations across the country about the value of true inspiration, lasting leadership principles, the dynamics of teamwork, and fulfilling potential.

Closing out NRLC 2022 jam-packed two-day convention is Jim Daly. Many of you are familiar with Jim who is the president of *Focus on the Family*. The daily radio program which he hosts has a massive audience of more than 5.6 million listeners a week and has been honored as Program of the Year by the National Religious Broadcasters. He will be joined by the winner of the National Right to Life Oratory Contest who will deliver his or her winning speech.

When you attend the annual gathering of the pro-life family you will have your choice of nearly 50 workshops in addition to five general sessions, a Prayer Breakfast, in addition to the closing Banquet.

Registration information can be accessed at <https://nrlconvention.com/product-category/register>.

It may seem early but NRLC2022 is just a little over three months away. So do yourself, and National Right to Life, a favor and register early.

This two-day pro-life educational event of the year will take place June 24-25 at the Atlanta Airport Marriott Hotel. I hope to see you there.

NATIONAL RIGHT TO LIFE
2022 CONVENTION
JUNE 24-25 // ATLANTA, GEORGIA

#nrlc2022



partners with the National Black Pro-life Coalition, the Network of Politically Active Christians, and the Frederick Douglas Foundation in an ongoing effort to educate Americans about the

Crucial to Sanctity of Life.” You are familiar with him as an author and repeat speaker at National Right to Life Conventions. Wesley is now Chair, of the Discovery

Author Matt Birk. A graduate of Harvard University, Matt was the recipient of the 2011 Walter Payton NFL Man of the Year award for his excellence on and off the field. Matt speaks

“But yet again, our colleagues wish to demonstrate that the radical left fringe runs today’s Democratic Party”

By Dave Andrusko

If you haven’t had the opportunity to read “Senate Rejects Cloture on the Democrats’ Abortion on Demand Without Limits Bill” on page six, please take a few minutes out of your busy schedule to read NRLC’s explanation. It is spot on and one of the very few places you’ll see the draconian nature of the laughably (or cynically) misnamed “Women’s Health Protection Act” laid out in detail.

To be clear the 46 votes for and 48 votes against meant supporters fell 14 votes short of the 60 votes needed to overcome a filibuster. Had the Senate taken up the Women’s Health Protection Act, it would have “fallen short of the 50 votes needed for passage after Sen. Joe Manchin, D-W.Va., joined Republicans in opposition,” according to *NBC News*’s Sahil Kapur and Ali Vitali.

NRLC’s explanation of the protective laws that the measure (WHPA) would nullify included

- Nearly all Federal limits on taxpayer funding of abortion;
- Conscience protection laws allowing medical professionals to opt-out of providing abortions;
- Requirements to provide women seeking abortion with specific information on their unborn child;
- Laws providing reflection periods (waiting periods);
- Laws requiring parental consent or notification for minors seeking an abortion;
- Laws limiting the

performance of abortions to licensed physicians;

- Bans on elective abortion after 20 weeks when an unborn child is capable of feeling pain;
- Requirements to provide women with information on alternatives to abortion;
- Bans on the use of abortion as a method of sex selection, and abortions done based on a diagnosis of a disability, including Down Syndrome.

What was pro-abortion Majority Leader Charles Schumer’s take, just prior to the vote?

“We are here to throw cold water on the flames of anti-women bigotry and affirm five sacred words: Abortion is a fundamental right.”

Five “sacred words” from “anti-woman” bigots? Always the gracious loser.

Predictably, we were told in a gazillion stories and on the floor of the House and Senate that “all” the WHPA would do would be “to codify Roe.” This is fundamentally dishonest—not to mention inaccurate—but what we’ve come to expect from pro-abortionists the last fifty years.

Politico’s Alice Miranda Ollstein was a conspicuous exception:

The bill, which progressive lawmakers have pushed since 2013, would have gone

further than codifying *Roe v. Wade* into federal law by barring states from enacting restrictions on abortion both later and earlier in pregnancy.

In explaining his vote in favor, Sen. Tim Kaine pretended that



the WHPA would not affect the Hyde Amendment—which he supports—but merely uphold the “core holding of *Roe v. Wade*—that “women should be able to make their own decisions regarding reproductive health without unreasonable government interference.”

White House Press Secretary Jen Psaki issued a statement which ended with this:

As dangerous new laws proliferate in states across the country, the Biden-Harris Administration will continue to explore the measures and tools at our disposal to stand up for women’s equality. This is a moment for us to recommit to strengthening access

to women’s health care, defend the constitutional right affirmed by *Roe*, and protect the freedom of all people to build their own future.

Pro-life Senate Republican Leader Mitch McConnell, as he so often does, hammered the Democrats for their extremism and hypocrisy:

With a cascade of major crises testing our country, Senate Democrats are prioritizing a show vote on mandating nine months of abortion on demand across America.

Senate Democrats want to go on the record supporting the radical and massively unpopular proposition that we should have functionally no restrictions on abortion whatsoever. ...

But yet again, our colleagues wish to demonstrate that the radical left fringe runs today’s Democratic Party.

As the world prays for Ukraine and debates consequences for Putin... as American families contend with violent crime, open borders, and runaway inflation... Washington Democrats want to spend their time arguing for unlimited abortion on demand.

I want to thank the Majority Leader for making it so clear where his party’s priorities lie.

Voters Must Hold Democrats Accountable for Vote on Abortion-Without-Limits Bill

By Karen Cross, National Right to Life Political Director

On February 28, 2022, Senate Democrats voted in favor of one of the most extreme pro-abortion bills to ever come before the U.S. Senate. The so-called “Women’s Health Protection Act,” which could be more accurately called the “No-Limits-on-Abortion-until-Birth Act,” would have enshrined abortion in federal law and policies, and it would overridden nearly all existing state laws.

The motion to advance the bill failed (by a vote of 46-48), but it shined a light on how out of touch Senate Democrats are with the American public on the issue of abortion. It also opens a door for pro-life Senate candidates in 2022 to illustrate to voters the clear contrast between their position in favor of protections for the unborn and that of their opponents who have now in no uncertain terms endorsed abortion on demand, for any reason, until birth.

Several Senate Democrats in competitive reelection fights later this year are now on the record in support of this extreme pro-abortion bill. Senators Michael Bennet (D-CO), Catherine Cortez Masto (D-NV), Maggie Hassan (D-NH), and Mark Kelly (D-AZ) voted in favor of the legislation. Senator Raphael Warnock (D-GA) was out of town for the vote but had signed on as a cosponsor.

Democrat incumbents are not the only ones taking a stand for abortion on demand without limits. Democrat candidates running for open seats and those challenging Republican

incumbents also signaled their support for the radical proposal.

In the key swing state of Pennsylvania, which has an open Senate seat up for grabs in 2022, Democrat Senate hopefuls made no mystery of where they stand. Lieutenant Governor John Fetterman has repeatedly tweeted his support for the bill. Congressman

legislation the centerpiece of her entire campaign.

In Ohio, which also has an open Senate seat in 2022, Congressman Tim Ryan, the leading candidate for the Democratic nomination, voted for the House version of the bill. Similarly, Congresswoman Val Demings, the leading Democratic

Republican incumbent in 2022, is facing a challenge from several pro-abortion Democrats. The two leading candidates for the Democratic nomination are State Treasurer Sarah Godlewski and Lieutenant Governor Mandala Barnes. Godlewski, who received an early endorsement from EMILY’s List, urged urgent passage of the bill. She even called on the Senate to eliminate the filibuster in order to do so. Barnes tweeted his support for the bill, claiming “the stakes have never been higher” and that abortion without limits is one of the reasons “we need Democrats in Congress.”

A January 2021 Marist poll found 86 percent of Republicans, 67 percent of Independents, and even 45 percent of Democrats support commonsense limits on abortion. Conversely, only 11 percent of Republicans, 30 percent of Independents, and 51 percent of Democrats support abortion without any restrictions.

The vote on the so-called Women’s Health Protection Act has exposed the stranglehold that the abortion industry has over the Democratic Party. “This legislation shows just how rigid and uncompromising the Democratic Party has become on abortion,” said National Right to Life President Carol Tobias following the vote.

In 2022, voters should not overlook the pro-abortion extremism advocated by Senate Democrats and their party’s Senate hopefuls. Instead, they should hold them accountable.



Conor Lamb voted to advance the House version of the bill. State Representative Malcolm Kenyatta introduced a state-level version of the bill in the Pennsylvania House. It would establish a fundamental “right to abortion” and override existing state pro-life protections including parental involvement for minor girls, informed consent, a waiting period, a ban on sex-selective abortions, limits on taxpayer funding of abortion, and more. Dr. Val Arkoosh, who is endorsed by pro-abortion fundraising giant EMILY’s List, has made the radical

candidate hoping to take on pro-life Senator Marco Rubio in Florida’s Senate race, also voted in favor of the bill.

In North Carolina, the all-but-assured Democratic nominee Cheri Beasley has called for passage of the bill in public statements on her website and on social media. She lamented that the Senate was unable to advance the bill, tweeting “Enough is enough” and encouraged supporters to donate to her campaign. In Wisconsin, pro-life Senator Ron Johnson, who many political observers believe to be the Senate’s most vulnerable

Abortions Drop in Texas After Heartbeat Law

Advocates claim women just got abortions elsewhere

By Randall K. O'Bannon, Ph.D. NRL Director of Education & Research

Whenever pro-life legislation passes and goes into effect, abortion advocates are anxious to prove two things: 1) that the legislation doesn't work; 2) that women have found a way around the law.

Both claims were made in a recent piece in the *New York Times*, "Most Women Denied Abortions by Texas Law Got Them Another Way" (3/6/22). Citing a few recent studies and analyses by abortion advocates, the *Times* claimed that while the number of abortions performed by Texas abortion clinics did go down with the implementation of their heartbeat bill on September 1, 2021, the number of women traveling out of state for abortions or managing their own abortions at home with pills bought over the internet nearly made up for those "lost" abortions.

There is reason to believe that *some* Texas women did, at least initially, look elsewhere for their abortions – to some degree *because* of everything the abortion industry did to prepare for such an eventuality. But the bottom line still appears to be that the law has been responsible for saving many lives.

Abortions drop significantly

Official stats are still months away, but a survey of Texas clinics found a big drop off in the number of abortions once SB8, the Texas "Heartbeat Bill" went into effect on September 1, 2021.

The Texas Policy Evaluation Project (TxPEP), a multidisciplinary abortion advocacy group set up by the University of Texas at Austin in 2011, surveyed 19 out of the state's 24 abortion "providers" checking on abortions before and after the law went into effect. In August 2021, those clinics reported 5,377 abortions. In the following month, they found less than

half that many, 2,164, a steep drop off of almost 60%.

Some of the drop may have been due to an August rush to obtain abortions before the law took effect, but the 2,164 was still close to half of the 4,313 those clinics reported for September of 2020.

Any way you look at things, the number of abortions performed by clinics in Texas took a nosedive once the law became operative.

Going Elsewhere?

Abortion advocates claim that Texas women simply got their abortions elsewhere.

Researchers from the Guttmacher Institute fired the first salvo in November of 2021. Guttmacher claimed that their survey of 120 clinics showed clinics in neighboring states "overloaded" and that data from 11 other different states and the District of Columbia showed increases in the numbers of abortions provided to Texas residents ("New Evidence: Texas Residents Have Obtained Abortions in at Least 12 States That Do Not Border Texas" <https://www.guttmacher.org/article/2021/11/new-evidence-texas-residents-have-obtained-abortions-least-12-states-do-not-border>).

Though considered as percentage increases, these sometimes appeared large (e.g., one clinic in a neighboring state said Texas residents obtaining abortions at gestations of 12 weeks or more sent from 13% to more than 25% in the two months after the law went into effect), the authors admitted that their survey did not include all U.S. clinics and was not representative. They also noted that the number of Texas residents they found aborting at any particular clinic was typically fewer than five (sometimes merely increasing from zero to one).

A lot of the publicity and

the basis for the *New York Times* claim that a lot of Texas women simply traveled out of state for their abortions comes from a March 2022 TxPEP analysis titled "Out-of-State

But it does appear to show that numbers of aborted minded women were not deterred by the law and simply traveled out of state to get their abortions.



Travel for Abortion Following Implementation of Texas Senate Bill 8." (<http://sites.utexas.edu/txpep/files/2022/03/TxPEP-out-of-state-SB8.pdf>)

In that analysis, TxPEP claimed that "SB8 has forced nearly 1,400 Texans out of state for abortion care each month." They calculated that number on the basis of surveys that TxPEP did of 34 (out of 44) open clinics in Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico and Arizona – neighboring states bordering Texas or a few hundred miles away from its nearest border.

From September to December of 2019, TxPEP said that the clinics it contacted reported 514 abortions to women listing Texas as their residence. For the same period in 2021, those same clinics reported 5,574 abortions to Texas residents, about ten times as many.

This does not account for the full drop, and there are still some questions about this data,

Ordering pills for home abortions

Another part of the claim that the law was ineffective was that women simply turned to the internet and ordered abortion pills online. This way they could have the abortion drugs mailed and delivered to their homes so that they could self-induce these dangerous abortions there.

To the degree that this did happen, it was very much an orchestrated outcome.

Rebecca Gomperts is the Dutch abortion activist responsible for stunts promoting chemical abortion like the abortion ship, drone, train, bus, etc., and for abortion hotlines in European and South American countries. Since 2005, Gomperts has run a website -- womenonweb.org -- where women could order abortion pills from all over the world.

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Abortions Drop in Texas After Heartbeat Law

From page 7

In 2018, distressed by state laws limiting women's "access" to abortion in the U.S., she began a program called Aid Access selling abortion pills online to American women. When the Texas law went into effect, Gomperts made clear she never had any intention of complying with its prohibitions.

"I don't care about six weeks," Gomperts told *CBS News*. "It's another law that is not based on any scientific evidence, human rights, common sense," she said. "I will provide [prescriptions for abortion pills] until 10 weeks of pregnancy like I've always done" (*CBS News*, 9/23/21).

Given that commitment and Gomperts having laid the groundwork (and done the publicity) in the years before, the sudden increases in online abortion pill orders from Texas that Gomperts and then the *New York Times* reported were hardly surprising.

Writing in a "research letter" published February 25, 2022 in *JAMA Network Open*, Gomperts, TxPEP researcher Abigail Aiken, and others claimed that Aid Access saw a surge in online requests for abortion pills in September of 2021. It went from around 10.8 requests per day in Texas before the law was enacted to 137.7 request per day for the first week of September.

This died back down over the next few weeks, but still remained at about 29.5 requests per month for the rest of the year from October 1 to December 31, 2021 (<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789428>).

As usual, take abortion industry claims with a grain of salt

If one adds the number of Texas women Aid Access reports as requesting abortion pills online to those TxPEP reports as traveling out of state for abortions, as the *New York Times* does, it looks like much

of the abortion drop in Texas after the Heartbeat law took effect is accounted for.

But this ignores a few critical admissions on the part of the abortion industry.

Up front, Aiken and Gomperts admit that "we cannot determine whether all requests resulted in abortions." Women may have ordered the pills and not taken them. They may have thought they were pregnant and turned out not to be. They may have changed their minds after taking mifepristone and looked into abortion pill reversal. The pills may have failed, prompting them to head to the ER for treatment of a failed "miscarriage" or they may have joined those women traveling out of state for a surgical procedure.

They may not have been pregnant at all, but simply ordered the pills peremptorily, as suggested by Gomperts and others, to have on hand for later if "needed" once the pills became harder to obtain.

The promotion of abortion pills by Gomperts at precisely the time the Biden administration's Food and Drug Administration (FDA) was authorizing telemedical abortions (though notably NOT approving Aid Access online sales) may have also been a factor. This probably played a role in making some Texas women think, albeit incorrectly, that online pills were a safe, legitimate legal alternative to surgical abortions once many of the Texas clinic shut down or cut back services.

So exactly what trend there is, or how many abortions these orders represent, then, is unknown.

TxPEP surveyed only 34 of the 44 clinics in neighboring states and argued that this probably meant that the numbers of out of state abortions were higher. Perhaps. But this also probably means that TxPEP concentrated on the major industry players, the big clinics, the big chains, who likely had all the logistical and travel arrangements in

place to take advantage of the situation. *

The scale and impact of this campaign should not be underestimated. TxPEPE specifically mentioned in its analysis that "about half of participants reported receiving financial assistance that covered some of their travel and abortion costs." The reason a lot of these women got abortions in neighboring states was because the industry specifically helped facilitate that outcome.

In other words, the jump in out of state abortions, and even the sudden surge in online orders for abortion pills, to the degree that there was one, was somewhat artificial. It was more the product of the successful implementation of a short term sales strategy rather than any organic trend.

The more accurate assessment will not come until years from now, when we can compare birth and abortion rates from the same basic time frame.

Ultimate impact yet to be seen

The number of abortions Texas clinics performed thankfully did drop drastically with the implementation of its Heartbeat law. That impact was probably somewhat blunted by deliberate efforts of the abortion industry to sell Texas women abortion pills online and send others out of state for surgical abortions.

However, there is reason to think that these countervailing trends will not be sustained.

As more women become familiar with the actual safety record of the abortion pill, the high numbers of failures and complications and deaths associated with its use, as states get better at enforcing limits on the mailing and use of these dangerous pills, the less women will go that route.

Also, as women get used to the law, and become familiar with the fact that their babies do indeed have beating hearts

as early as the 5th or 6th week of pregnancy (when the unborn child is three to four weeks old), fewer women will find the idea of traveling out of state for an abortion desirable. The same applies as more local abortion clinics close for lack of business or simply grow tired of sending their clients to clinics in other states, and as many of those states pass their own protective legislation and see their own clinics close.

With September of 2021 only about six months in the rear view mirror, it will be some months yet before the babies that were scheduled to be aborted that month will be born. So it will be some time yet before we begin to have a full, clear record of the law's impact.

But even with some women going out of state and others turning to online abortifacients, even the *New York Times* had to grant that the net effect of this legislation was that lives were saved.

The data shows the limitations of laws restricting abortion. Yet it also shows how restrictions erect significant obstacles, which will cause some women to carry unwanted pregnancies to term.

Thanks to those laws, those legislators, those hardworking pro-lifers offering practical, positive alternatives, hundreds, thousands of those "unwanted pregnancies" --children even pro-abortion studies tell us will be overwhelmingly welcomed by their mothers upon birth -- will begin to be born in Texas in the next few months.

** Such a practice was not new, as the abortion industry had already been doing something similar for years within Texas and simply extended it past the borders (Jessica Ravitz, "I'm an abortion travel agent' and other takes from Texas' new desert," CNN 3/2/16).*

The critical importance of giving a voice to the voiceless

By Laura Echevarria, NRL Director of Communications and Press Secretary

I often get asked by reporters and other callers why National Right to Life is not involved in other issues that are outside of our scope. When I explain that our most fundamental right is the right to life—and that it is such a core belief that it spans races, political parties, faith backgrounds and age differences, and allows us to be very focused—a majority, but not all, understand.

I learned a valuable lesson about multi-tasking this last week. I was walking, talking on my cell phone, reading something on my phone, and trying to step up and onto a platform when I fell. I realized that splitting my attention (and losing my depth perception because I was wearing reading glasses) caused me to miss a step and fall.

Lesson? The ability to multi-task has its advantages. However, when you divide your focus and resources too much, you stumble and can lose effectiveness. Put another way, when we lose sight of our focus, we split our resources and abilities. This is why whenever our

spokespersons are on the radio or television or when they are speaking to a journalist in any capacity, they are aware of a very specific goal—to give a voice to the voiceless. Every answer we give is made with that fundamental goal in mind.

Whether we are speaking about chemical abortions, a drop in the number of abortions, protective state laws, Congressional action or a court decision, the goal is always the same—to give a voice to the voiceless.

It is all too easy to get distracted. But we have leaders within the organization and within our state affiliates who are dedicated to keeping their eye on the goal—seeing that all life is protected from fertilization to natural death.



Texas Supreme Court unanimously rules against abortion providers in federal challenge to Texas Heartbeat Law

By Dave Andrusko

In a unanimous decision, the Texas Supreme Court on March 11 dealt a crippling blow to pro-abortionists seeking to derail SB 8, the Heartbeat Law. Opponents have now lost at both the U.S. Supreme Court and the state's highest court level since the ban took effect on September 1. Estimates are that at least 17,000 unborn lives have been saved.

Under SB 8, abortions may not be performed after the unborn child's heartbeat is detectable – generally around the sixth week of pregnancy.

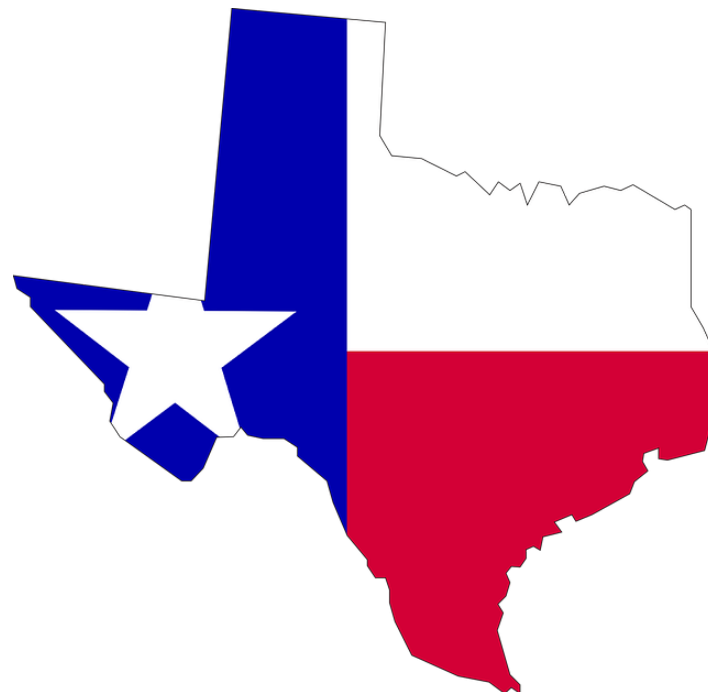
By a vote of 9-0, the court ruled that state medical licensing officials do not have authority—directly or indirectly—“to enforce the law, which bans abortions after about six weeks of pregnancy,” Eleanor Klibanoff reported.

The decision, written by Justice Jeffrey Boyd, concluded

Senate Bill 8 provides that its requirements may be enforced by a private civil action, that no state official may bring or participate as a party in any such action, that such an action is the exclusive means to enforce the requirements, and that these restrictions apply notwithstanding any other law. Based on these provisions, we conclude that Texas law does not

grant the state-agency executives named as defendants in this case any authority to enforce the Act's requirements, either directly or indirectly.

“This was the last, narrowly cracked window that abortion



providers had left to challenge the law after the U.S. Supreme Court decimated their case in a December ruling,” Klibanoff reported.

S.B.8 has been up and down the legal ladder since taking effect September 1. U.S. District Judge Robert Pitman in Austin, the trial judge, briefly blocked S.B.8 in October. His order was put on hold by the 5th Circuit Court of Appeals

which decided that this was a state call best made by the Texas Supreme Court.

“The unresolved questions of state law must be certified to the Texas Supreme Court and further briefing will await that court's decision on certification,” wrote Judge Edith H. Jones. “This court

law. But “The U.S. Supreme Court disagreed with all of those arguments but one, allowing a challenge against the medical licensing officials to proceed,” Klibanoff said. “That case then went back to the 5th U.S. Circuit Court of Appeals, which sent it to the Texas Supreme Court to weigh in on.”

On February 24, the Texas Supreme Court heard argument from attorneys for the Office of the Attorney General regarding whether any state governmental entity is authorized to enforce SB 8.

The state's lawyers said SB 8 clearly states that only private citizens can enforce the law through civil litigation.

“Justices on the Texas Supreme Court agreed, with Boyd writing that the law includes ‘emphatic, unambiguous, and repeated provisions’ stating that civil litigation is the ‘exclusive’ method for enforcing the act's requirements,” according to Madlin Mekelburg of the *Austin American-Statesman*.

Earlier this month, Texas Attorney General Ken Paxton offered an encouraging update of the life-saving impact of Texas's Heartbeat Law championed by NRLC affiliate Texas Right to Life. According to Paxton's office, Texas SB8 has saved approximately 17,000 newborn lives since it went into effect on September 1, 2021. Abortions fell by 60 percent in Texas the first month after SB8 took effect.

reasonably seeks the Texas Supreme Court's final word on the matter, with no limit placed by the Supreme Court's remand, this court may utilize the ordinary appellate tools at our disposal to address the case—consistent with the Court's opinion.”

Abortion advocates had originally argued that a whole range of state officials were the ones that actually enforced the

Teens on Fire for LIFE!

By Bonnie Finnerty, Education Director, Pennsylvania Pro-Life Federation

They say good things come in threes. Three times recently I have been awe-struck by the passion and conviction of pro-life teenagers.

First was the young woman who knocked on my door one Saturday, making sure Pennsylvania residents understood where political candidates stood on life issues. I let her do her thing before telling her that I too work in the pro-life movement. Despite a windy, brisk afternoon, we ended up having a prolonged conversation about abortion and how to effectively share the truth. I was practically moved to tears by her dedication to knock on doors, risking rejection and challenges as she moved from house to house, neighborhood to neighborhood.

While she occasionally found an ally like me, sometimes she really had to work hard to open eyes to the reality of abortion. She told me of an instance just that day where she and her partner talked with a decidedly pro-choice woman for an hour. By the end, that woman expressed doubt in her original position, pledging to do more research!

As if trekking through unfamiliar neighborhoods on a cold winter weekend wasn't enough, I then learned that this young woman actually traveled over an hour and a half to do this boots-on-the-ground

educational outreach and that she was still a senior in high school!

A few days later I received a plea for help from a colleague. Her friend's daughter, an eighth grader in public school, was experiencing much push back from her peers about her pro-life convictions. She planned to write a paper about abortion

belief that life is sacred and worth protecting. She was willing to endure unkind remarks from classmates. She just needed more "ammunition" to fight the good fight...facts and figures, science and stories to show them that abortion is not empowering or compassionate or justified. In a follow-up email, I "armed" her with



and its devastating effects on women and society, but she needed to talk through common mantras she was hearing from her classmates, such as "My body, my choice" and "It's not a baby yet." How can she respond? Where can she find good resources?

This young lady and I were able to talk by phone for almost an hour. She was a mature middle schooler, impressing me with her wisdom and fortitude. At a time in her life when peer pressure is reportedly the greatest, she was not backing down from her deeply held

several good resources-books, videos, articles, websites- that she can use as she grows in her pro-life advocacy. I am in awe of her courage and have no doubt that she will be planting seeds in the hearts of many of her peers today and in the years to come.

And then, even more teen voices for life inundated me! This week marked the deadline for our annual pro-life essay contest for grades 7-12. I have hundreds of essays sitting on my desk, sorted into our two judging categories. While some teachers incorporate the

contest into their classroom assignments, other essays are submitted by individual students. We've received essays from public, private, Catholic, Christian, vocational, and homeschool students. One young lady, a public school student, wrote and emailed her essay after going to an educational talk offered by a local pregnancy center. She was so moved by what she learned, she entered our contest that night.

Some students emailed their essays which I in turn acknowledged, thanking the student for being a voice for life. Several students replied and thanked us for sponsoring the contest. One young lady wrote, "You don't have to thank me for submitting an essay...I thank you for giving me an opportunity to be able to share my opinion about abortion! The topic is very important to me and I want to help any way I can, and this contest gave me the chance to get my voice out, so I'd write this essay any day if it meant helping the women of our state!!"

While I am supposed to be the educator, I think these amazing teens are teaching me and all of us "seasoned" pro-lifers a valuable lesson: don't ever let our pro-life flame grow dim...stay strong and bright, and when it's darkest, courageously spread the light of life.

Maryland Bill Effectively Decriminalizes Neglecting Newborns to Death

By Wesley J. Smith

Remember when former Virginia governor Ralph Northam blessed the right of a mother and her doctor to “have a conversation” and decide to neglect a newborn survivor of abortion to death? Well, now, a Maryland bill would effectively decriminalize Northam’s immoral proposal *without regard to abortion*.

First, it reiterates current law that deprives fetuses of all rights, meaning they could be the subjects of live experimentation when that is technologically feasible. From SB 669:

Nothing in this section shall be construed to confer personhood or any rights on the fetus.

Next, the bill would prevent investigations and legal penalties for abortion at any point in the pregnancy and “perinatal” deaths caused by “failure to act” — which extend from the 22nd week of gestation through to the first 28 days after birth (my emphasis):

This section may not be construed to authorize any form of investigation or penalty for a person:

- (1) Terminating or attempting to terminate the person’s own pregnancy; or*
- (2) Experiencing a miscarriage, perinatal death related to a failure to act, or stillbirth*

This means that a baby who survived an abortion can be allowed to die without care, and no investigation could be pursued nor legal penalty applied.

But it also effectively *decriminalizes death by neglect* for the first 28 days of life *without regard to abortion*. If no investigation can be conducted, what else can it be called? For example, a baby born with a disability could be allowed to die by refusing ordinary methods of care or medical treatment. Heck, for that matter, so could any baby the mother does not want in the first 28 days after birth.

To further ensure that such deaths can take place without consequence, the bill would authorize those illegally investigated for causing babies to die by neglect to bring civil lawsuits!

A person *may bring a cause of action for damages* if the person was subject to unlawful arrest or criminal investigation

morally by many in mainstream bioethics, and which currently is permitted in the Netherlands upon terminally ill babies



for a violation of section as a result of . . .

- 2) Experiencing a miscarriage, stillbirth, or perinatal death*

The pro-abortion left clearly is slouching toward not only authorizing late term abortions for any reason, but also, post-birth deaths of unwanted born babies.

Based on the current advocacy trajectory, such proposals will eventually extend to permitting active infanticide, which is already promoted as legitimate

and those born with serious disabilities. After all, once the law permits death by neglect, allowing lethal injections would be seen as more “humane” than the extended suffering that would otherwise be caused.

Tell me again: Who are the radicals? Who are the ones who don’t care about babies after they are born?

Editor’s note. Wesley’s great columns appear at National Review Online and reposted with his permission.

A sterling defense of Abortion Pill Reversal

By Dave Andrusko

Christa Brown is a registered nurse and director of medical impact for Heartbeat International, the world's largest network of pregnancy-help organizations. In a recent column for *National Review*, she penned a sterling defense of the effectiveness of Abortion

Heartbeat International, which also manages the Abortion Pill Rescue Network (APRN), submitted an appeal to Google but was unsuccessful.

Brown methodically, point by point, rebuts Nadler's attacks on APR which are not new. She begins with an un rebuttable

2017, support the science of reversal using progesterone," Brown writes. "A 2018 study showed successful reversal rates of 64 percent and 68 percent, respectively, with no apparent risk of birth defects. Amid the push to repress APR on big-tech platforms,

chemical abortions account for at least half of all the abortions performed in the US.

"Abortion apologists are invested in protecting this lucrative and simpler mode of abortion delivery, so they work to quash APR," Brown writes. "Acknowledging the safety and success of APR means admitting that some women regret their abortion. As an antidote to unwanted chemical abortions, APR is bad for business."

By the way, it is not surprising but worth noting, that all the sources Nadler uses are pro-abortion.

She ends with a question: what happened to "choice"?

At least 3,000 women thus far began to undergo a chemical abortion, regretted their decision, and made a different choice with the help of APR. Nadler has dismissed these mothers and their children, along with the intelligence and tenacity of women who deserve the chance to reject abortion at any point in the process.

Rather than a "flawed theory" (as Nadler charges), over 3,000 mothers know otherwise. "They know this because they have experienced a successful reversal of an unwanted chemical abortion, and their living children are a testament to its success."



Pill reversal against the attack of pro-abortion Representative Jerrold Nadler.

Nadler wrote a letter on February 11 "asking for answers about Facebook's policy allowing advertisements for abortion-pill reversal (APR)," Brown wrote. "In the letter, Nadler states he is 'concerned' that Facebook permits APR ads while not allowing ads for chemical abortion, claiming that APR is 'medical misinformation.'"

Meanwhile Google banned all advertising of APR.

truth: over 3,000 babies are alive today because of their mother's courage and the APR protocol.

She explains the simplicity of the technique. In chemically abortions, two drugs are used—mifepristone and misoprostol. To counter the mifepristone, in lieu of taking the second drug (misoprostol), APR uses progesterone, a drug that physicians have employed to prevent miscarriage for decades.

"Studies conducted in 1989 and 2012, along with two in

chemical-abortion drug sales are still permitted online, including via Facebook, despite the numerous safety risks of these drugs. While joining in the effort to hide ads about APR, Nadler advocates advertising a risky abortion procedure that can harm women."

Dr. Randall K. O'Bannon, NRLC director of education & research, has written many in-depth critiques.

Brown talks about the investment the abortion industry has in chemical abortions. Best estimates are the

Florida legislature sends Gov. DeSantis a bill that would protect unborn babies after 15 weeks

By Dave Andrusko

TALLAHASSEE, Fla.—Late Thursday evening, March 3, the Florida Senate joined their colleagues in the Florida House in support of a bill that would protect unborn babies after the 15th week, with narrow exceptions. HB 5 passed the House by a vote of 78-39 and the Senate by a 23-15.

It is now on Gov. DeSantis' desk. At a news conference, Gov. DeSantis said he would sign the bill.

The law would take effect on July 1. Florida currently allows abortions up until 24 weeks.

The "Reducing Fetal and Infant Mortality Act" (House Bill 5) is modeled after but is not identical to Mississippi's "Gestational Age Act." On December 1st, the Supreme

Court heard oral arguments in that case. A decision is expected in June.

A 15-week ban on abortions



*Pro-life Florida Governor
Ron DeSantis*

is also being considered in Arizona and West Virginia.

"A child in the womb is the most vulnerable person in the world because they're utterly helpless," Senator Danny Burgess, said before Thursday's vote. "They have no voice, they have no vote. They rely on another person for everything, and they still matter."

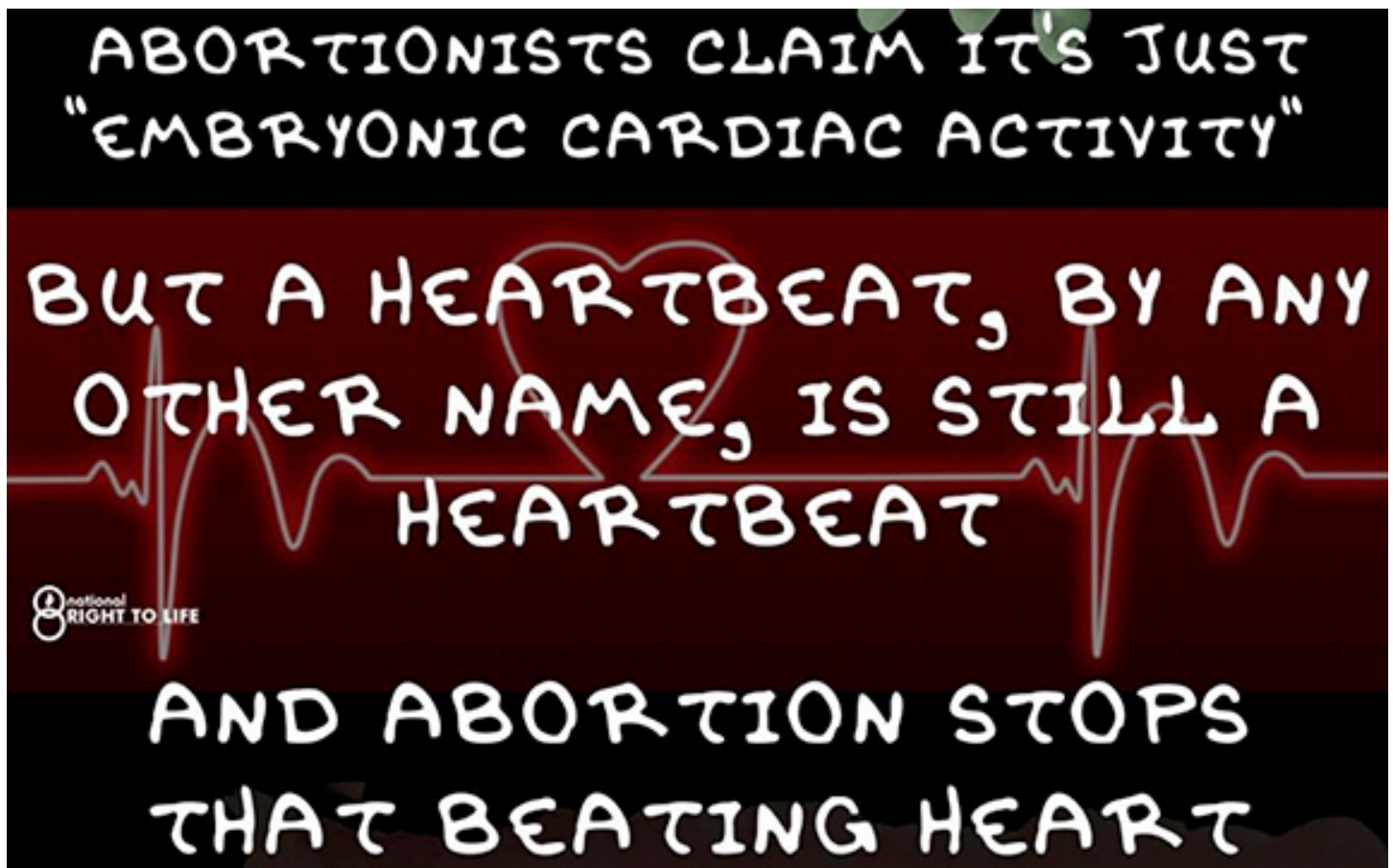
According to Patricia Mazzei and Alexandra Glorioso of *The New York Times*, "In Florida, proponents of banning abortions after 15 weeks have argued that there is significant fetal development by that point. They have also explicitly cited the Mississippi case and said they want Florida to be in position to reduce the number of abortions right away after a

ruling upholding that law."

Rep. Erin Grall, who sponsored the House bill, agreed on both counts.

"Working within that infrastructure of 15 weeks gives Florida its best opportunity to save a significant number of babies, very quickly, after the court's decision," Grall said last month. "The Supreme Court's weighing of the Mississippi law was a factor in the decision to propose the 15-week restriction."

"I never dreamed I'd be standing here today, but actually being able to save the life of babies," GOP Sen. Kelli Stargel told legislators. "God is so good."



“I am Chloe Emmanuelle Kondrich and I am NOT a ‘severe birth defect.’”

By Maria V. Gallagher, Legislative Director, Pennsylvania Pro-Life Federation

Some disability rights activists have taken to Twitter to condemn the World Health Organization for categorizing Down syndrome as among “the most common severe birth defects.”

The activists consider the WHO tweet to be dehumanizing and disrespectful to the many individuals around the globe who are not just surviving, but thriving, with an extra chromosome.

Cable news host Rachel Campos-Duffy, a mother of nine children, one with Down syndrome, tweeted, “Why do we financially support discredited, China-run #WHO. Down syndrome is NOT a birth defect. It’s a chromosomal variation. My baby w/ Downs is as human & valuable as any of my other kids. These comments lead to discrimination & abortion. Celebrate, don’t eliminate differences.”

Campos-Duffy accompanied her tweet with an adorable photo of her smiling daughter, Valentina, in the arms of the girl’s captivated father, former Congressman Sean Duffy.

Meanwhile, Kurt Kondrich, a former police officer whose daughter has Down syndrome, tweeted, “The World Health Organization recently posted that Down syndrome is a ‘severe birth defect’! My amazing daughter Chloe who has changed the world has a response!”

The tweet included a photo of Kondrich’s accomplished daughter with a caption that read, “I am Chloe Emmanuelle Kondrich and I am NOT a ‘severe birth defect.’”

Chloe Kondrich has crisscrossed the nation, advocating for people with disabilities. She was also the inspiration for Pennsylvania’s “Chloe’s Law,” which ensures that parents who receive a

inherent dignity and rights of people with Down syndrome. She has spoken at the United Nations and has even had her photo displayed on the big screen in Times Square—five times!

chromosome, the abortion rate for babies with Down syndrome remains extraordinarily high. Research indicates the vast majority of preborn babies with Down syndrome are aborted.

But grassroots efforts to

I am Chloe Emmanuelle Kondrich
and I am NOT a “severe birth defect”



prenatal diagnosis of Down syndrome receive educational resources and support.

Chloe has met with a President, a Vice-President, and numerous nationally-known musical artists and athletes in her efforts to promote the

Activists such as Campos-Duffy and the Kondrich family are leading the way in trying to end the prenatal discrimination against individuals with Down syndrome. Despite the incredible achievements of people with an extra

educate the public about the promise and possibility of people with Down syndrome bring with them the hope of turning the culture around. People with Down syndrome should be celebrated—not condemned and dismissed as a “birth defect.”

Democrats' Abortion on Demand Without Limits Bill

Senate Majority Leader Chuck Schumer and Pro-Abortion Senate Democrats Hoped to Run Roughshod Over State Pro-Life Laws

WASHINGTON — On March 1, Senate Democrats, led by Senate Majority Leader, Chuck Schumer (D-N.Y.) failed to invoke cloture on a bill that would have enshrined abortion in federal law and policies and override nearly all existing state laws.

The motion failed by a vote of 46-48.

“The abortion zealotry of the Democrat majority in the Senate was on full display today,” said Carol Tobias, president of National Right to Life (NRLC). “This far-reaching legislation would have run roughshod over the will of the American people and endangered the lives of women and their unborn babies.”

No Republicans supported the measure, and they were joined in their opposition by only one Democrat, Sen. Joe Manchin (W.Va.). This extremist legislation, which needed 60 votes to advance, failed to even garner a majority of U.S. Senators.

“The so-called ‘Women’s Health Protection Act’ should be called the no-limits-on-abortion-until-birth act,” said Tobias. “This legislation would

have made sweeping changes, including expanding taxpayer funding of abortion, and eliminating requirements that a woman be given information about the development of her unborn child so she can make an informed decision.”

Continued Tobias, “This legislation shows just how rigid and uncompromising the Democratic Party has become on abortion.”

Among the protective laws that the bill would nullify:

Nearly all Federal limits on taxpayer funding of abortion;

Conscience protection laws allowing medical professionals to opt-out of providing abortions;

- Requirements to provide women seeking abortion with specific information on their unborn child;
- Laws providing reflection periods (waiting periods);
- Laws requiring parental consent or notification for minors seeking an abortion;
- Laws limiting the performance of abortions to licensed

physicians;

- Bans on elective abortion after 20 weeks when an

state laws,” said Jennifer Popik, J.D., director of Federal Legislation for National Right to Life. “In addition, this

NATIONAL RIGHT TO LIFE PRESS RELEASE



unborn child is capable of feeling pain;

- Requirements to provide women with information on alternatives to abortion;
- Bans on the use of abortion as a method of sex selection, and abortions done based on a diagnosis of a disability, including Down Syndrome.

“This legislation would quash nearly all existing protective

legislation also would have prohibited states from adopting new protective laws in the future, even laws specifically upheld as constitutionally permissible by the U.S. Supreme Court.”

Popik continued, “With this bill, elective abortion would have become the procedure that must always be facilitated – never delayed, never impeded to the slightest degree.”

On Friday, September 24, 2021, the bill passed in the House by a vote of 218 to 211 with all Republicans and one lone Democrat voting against it.

Supreme Court Rules Attorney General Cameron should be allowed to defend Kentucky Pro-Life Law

By Dave Andrusko

On March 3rd, the Supreme Court agreed with Kentucky's Attorney General that he should be allowed to defend "The 2018 Human Rights of the Child Act".

Kentucky's H.B. 454 prohibits live dismemberment abortions that "will result in the bodily dismemberment, crushing, or human vivisection of the unborn child" when the unborn child is 11 weeks or older.

"The justices ruled 8-1 in favor of Kentucky Attorney General Daniel Cameron, the top legal officer in the state, in his appeal of a lower court's rejection of his request to intervene in the litigation," wrote Andrew Chung. The lone dissenter was Justice Sonia Sotomayor.

The issue before the justices was not the constitutionality of the law. The question, rather,

was whether Cameron would be allowed to intervene to defend HB 454.

Justice Samuel Alito wrote the 38 page opinion.

Background

Kentucky's lone abortion clinic, EMW Women's Surgical Center, immediately challenged Kentucky's law, passed in 2018. As for Cameron's request to be allowed to defend HB 454, "It argued that Cameron should not be able to take the case further because the state attorney general's office previously agreed to be bound by the lower court's final judgment and then did not pursue an appeal," according to Chung. The then-governor, Andy Beshear, who is pro-abortion, refused to defend the law.

Newly elected Cameron appealed to the 6th Circuit which ruled he waited too long.

Cameron then appealed to the Supreme Court. Oral arguments were held in October 2021.



Kentucky Attorney General Daniel Cameron

Following the decision, Cameron said

The court's ruling is a victory for the rule of law. The court found

that our office is the fail safe for defending the Commonwealth's laws when they come under attack. As the court noted, we had a strong interest in stepping in to defend this important law after the Beshear Administration's 'secretary for Health and Family Services elected to acquiesce.'

The members of the General Assembly, pro-life advocates, and countless Kentuckians have championed this law at every turn, and we are incredibly grateful for their support. While the legal challenge to this law is not over, we will do what is necessary to defend it."

Pro-lifers "flood the zone" in anticipation of a good outcome on Mississippi's Gestational Age Act

By Dave Andrusko

What a great headline—"States aren't Waiting for the Supreme Court to Tighten Abortion Laws"—and subhead—"In anticipation of the court's decision, a frenzy of legislative activity to shut down access to abortion forms a picture of a post-Roe America."

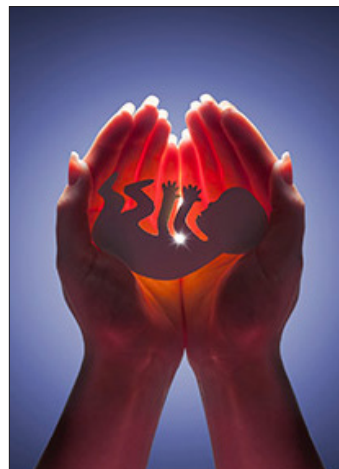
The story by Kate Zernike appeared in the *New York Times*, which ordinarily means a ridiculously pro-abortion slant.

Not so. The story is actually quite factual. In fact Zernike interviews a number of pro-life leaders.

All of this is set against the backdrop of *Dobbs v. Jackson Women's Health Organization*, the Mississippi law the High Court heard on December 1 that prohibits abortion in most cases after the 15th week. She is accepting what has become conventional wisdom: Judging

by their questions (always a dubious proposition) the Court will take a chunk out of *Roe/Casey*, perhaps overturn them.

She writes, "[F]rom Florida



to Idaho, Republican-led state legislatures are not waiting: They are operating as if *Roe* has already been struck down, advancing new restrictions that aim to make abortion illegal

in as many circumstances as possible."

Zernike adds, "Still, anti-abortion legislators are taking a belt-and-suspenders approach, in the hopes that one or another of many laws they pass will effectively ban abortion as soon as the court rules."

And NRLC affiliates are wasting no time and leaving nothing to chance: "The Guttmacher Institute, which supports abortion rights, counts at least 531 anti-abortion restrictions introduced in 40 states this year; last year, states passed more than 100 laws restricting abortion, the most of any year since the court's landmark *Roe* decision in 1973."

In other words, proliferators are flooding the zone, coming after the abortion "liberty" with ingenuity and determination.

Zernike talks about most of

the relevant legislation. For example, chemical abortions ("medication abortions") and so called "trigger bans, which would outlaw abortion if the court overturned or struck the central ruling of *Roe*."

She observes that even states with trigger bans "are still passing laws to make it harder to get abortions if the court declines to overturn *Roe*." Zernike writes, "An omnibus bill heading toward passage in Kentucky would require abortion clinics to individually cremate the remains of each fetus, which costs thousands of dollars. Planned Parenthood, which runs one of two remaining abortion clinics in the state, has said that the expense will force it to stop providing the procedure."

A truly useful overview, well worth your time.

Couple refused abortion and welcomed misdiagnosed ‘miracle baby’

By Nancy Flanders

Baby Matthew is a being called a miracle after his parents learned he was misdiagnosed during pregnancy. But there is another miracle to his story: Matthew was blessed with parents who refused abortion based on a prenatal medical diagnosis.

At 23 weeks gestation, Drew and Ariann Corpstein were told that their preborn baby boy had malformed brain tissue and that his brain had not fully developed. He was diagnosed with semi lobar holoprosencephaly, a condition in which the brain’s hemispheres only partially divide. Doctors provided no hope that he would survive and even said he would likely die before birth. Doctors told the couple to abort or induce early labor and let their son die. The Christian couple, who had suffered a miscarriage previously, refused abortion but began to plan their goodbyes to their son.

“During our 20-week ultrasound, which led to several others and a MRI quickly following, the doctors discovered our baby was missing most of his/her brain,” they wrote on their GoFundMe page. “And instead of a brain, it was replaced with cerebral spinal fluid. The fluid was going to continue to expand the head of our baby. The head size was measuring about 3 weeks ahead of normal. We were told our baby wouldn’t live past several days, if not hours, or die before birth.”

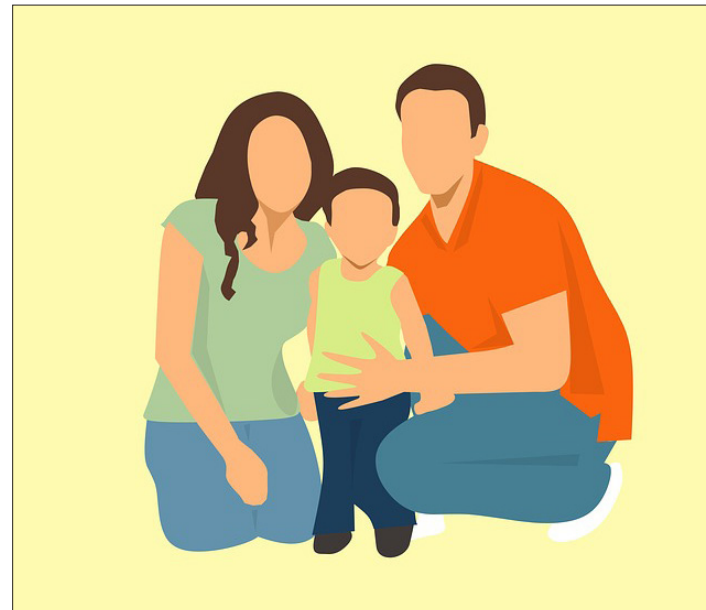
The couple decided to spend the rest of the pregnancy celebrating what little time they had with their son. They made memories with him to “fill our hearts with happiness” instead of thinking only of the sadness that was to come. They took him on his first

motorcycle ride and first vacation – a trip to Costa Rica. Ariann Corpstein told the *Des Moines Register*:

“We knew that our baby was probably not going to be born alive. Whatever happens, it’s in God’s hands.”

On July 27, 2018, the couple was told it was time to induce

labor because the baby’s head was now measuring 4-5 weeks ahead of schedule. After two days of labor, on July 29, 2018, the couple welcomed baby Matthew James and, amazingly, he was alive and regulating his own heartbeat. Not only that, he began to instinctively nurse. Expecting him to be blind and deaf and unable to feel pain, his parents were shocked to see him respond to light, voices, and touch.



labor because the baby’s head was now measuring 4-5 weeks ahead of schedule. After two days of labor, on July 29, 2018, the couple welcomed baby Matthew James and, amazingly, he was alive and regulating his own heartbeat. Not only that, he began to instinctively nurse. Expecting him to be blind and deaf and unable to feel pain, his parents were shocked to see him respond to light, voices, and touch.

The couple agreed to an MRI and that MRI showed that Matthew had been misdiagnosed. He actually had hydrocephalus, a condition which causes extra fluid on the brain. He had brain tissue and hemispheres. But he needed emergency surgery to place a shunt in his brain to drain that

excess fluid and allow his brain tissue to expand to where it should be. His parents say he now has “every chance at a normal life.”

“We simply couldn’t believe what we were hearing! We had prepared for the last 4 to 5 months of not bringing a baby home, of using hospice and end of life care, and now suddenly Matthew’s chances

can lead to issues, including hydrocephalus.

The adorable baby, dubbed “Matthew the Great,” is currently back in the hospital battling meningitis but is said to be doing well. Doctors say he was misdiagnosed with a brain malformation because it is difficult to diagnosis babies prenatally.

“When you’re using imaging technology, like an MRI, on a baby that’s inside the mom’s uterus, you’re looking at something that’s very small and very far away,” Dr. Jona Conklin, a perinatologist who worked with the Corpsteins told the *Des Moines Register*. “If you’re trying to look for a heart defect, for example, you’re looking for something that’s about the size of a quarter or half-dollar through all the tissue that’s part of the mom’s body and fetus’ body.”

But if diagnosing a baby prenatally is so difficult, why are so many doctors so quick to offer abortion? How many children who fit the standard “wanted and planned” mantra of the abortion industry are aborted because they don’t fit the “healthy” standard of that same industry? And how many of them have actually been misdiagnosed? Matthew is his parents’ miracle and they are his because they refused to give in to the culture of death. They know that his life is valuable and beautiful no matter what society says.

of survival are high and having a fully functioning life could be possible,” they wrote on Facebook. “It’s like buying a lottery ticket and actually winning the jackpot! We were overjoyed, and I just still can’t put into words how we feel about the amazing news. We know God was protecting us and our beautiful baby boy, and we had put our faith in His hands, come whatever may.”

While Matthew is at risk for neurological impacts, motor skill delays, and learning disabilities, his condition can be managed and he may have no disabilities at all. He went home on August 4 after less than a week in the hospital. They later learned that his mother doesn’t have the ability to absorb B12 and folate properly, which

“A good friend called him Matthew The Great for being such a miracle, and that’s exactly what he is,” the couple said. “He is our little miracle. A boy who wasn’t supposed to be born alive, much less do anything else, has showed us that God is protecting us and blessing us beyond anything we can imagine.”

70% of respondents support end to ‘DIY’ at-home abortion in Great Britain

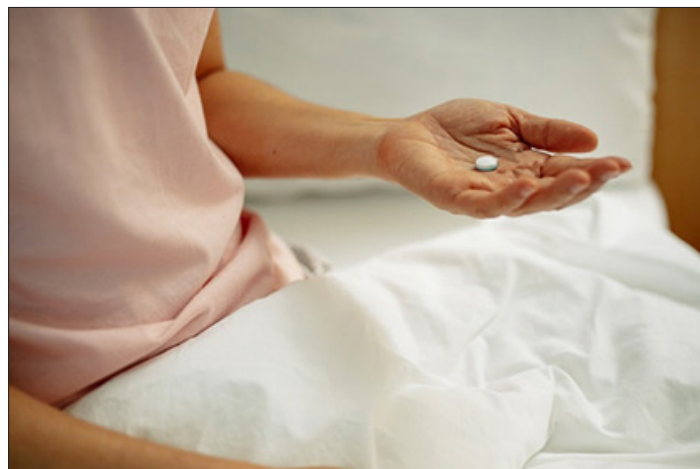
By Dave Andrusko

A whopping 70% of respondents to the Department of Health and Social Care said the British government should put an end to “DIY” abortion. There are many ingredients to this opposition but primarily three reasons. There is no requirement that the woman meet with a physician in person, the possibility of coercion, and having an abortion after the 10th week.

“Results from the consultation show overwhelming support for the Government’s decision to wind down the services and make sure no more women are put at risk due to the temporary provision from 30 August 2022, with 70% of respondents saying the policy should end immediately and only 22% saying it should remain permanently,” Right to Life UK reported.

The concerns voiced by 18,834 respondents closely tracked what pro-lifers have said all along. The report recorded concerns from respondents who felt “that being certified for an abortion without seeing a

doctor in person increases risks of potentially life-threatening conditions being missed, pills being prescribed beyond the 10-week limit, more women being



coerced into a home abortion against their wishes and pills being obtained fraudulently”.

The Scottish government consulted on the same topic. Only 17% wanted ‘DIY’ home abortions to remain permanently available, and concerns of women’s safety were also frequently raised.

Catherine Robinson,

spokesperson for Right To Life UK, said:

“It is clear from this consultation that there is very strong support

from the public for these dangerous measures to be ended immediately, with 70% of respondents stating so. It is therefore disappointing that the provision has not been ended on its planned end date of 30 March 2022. Nevertheless, we do welcome the

Government’s decision to ensure that women get an in-person appointment before having an abortion and make sure no more women are put at risk by the temporary provision from 30 August 2022”.

She added

“By removing a routine in-person consultation that allows medical practitioners to certify gestation and recognise potential coercion or abuse, ‘at-home’ abortion has presented serious risks to women and girls in abusive situations. It has allowed severe complications to occur, as well as abortions beyond the legal limit, as abortion providers currently cannot ensure the pills are taken by the intended individual within the appropriate time frame.

Couple choose life for both twins after doctor offers to abort one

By Right to Life UK

A Norfolk couple, who refused to abort one of their children to save the other, have shared their joy as the twin brothers are still going strong 17 months later.

Ashley and Kate Butcher were offered an abortion after a 12-week ultrasound revealed their twin sons' umbilical cords were tangled and they were sharing a placenta.

The twins, Arlen and Eivin, were born 7 weeks early, by caesarean section in August 2020, and weighed 4lbs 7oz and 4lbs 11oz respectively. The pair were then immediately transferred to Queen Elizabeth Hospital's NICU in King's Lynn, where they spent the subsequent 3 weeks.

A 'friendship knot'

At the 12-week scan, Ashley and Kate were advised that the twisted cords could cut off oxygen and blood supply to each baby.

Ashley said: "[there was] a 30-40 per cent chance that one or both of them wouldn't make it [but] there was no way that we were going to choose one of our babies over the other".

The couple, who are both Scout leaders, shared how the knot between both boys' cords reminded them of the 'friendship' knot (a knot used to hold a scout necker together), symbolic of the "special bond they had in the womb".

Whilst Arlen initially needed resuscitation, he and Eivin have since become stronger with every passing day, and were even able to meet their great grandmother in May of last year.

Ashley told of the boys "close bond" and how they "get up to all sorts of mischief together", describing them as "a real tag team".

Women speak out about having selective-reduction abortions

In England and Wales, 65 'selective termination' abortions were performed in 2020, where a twin, triplet or more were aborted in the womb.

Outside the United Kingdom, some women have spoken publicly about having a selective-reduction abortion, with one woman recounting her story to The New York Times.

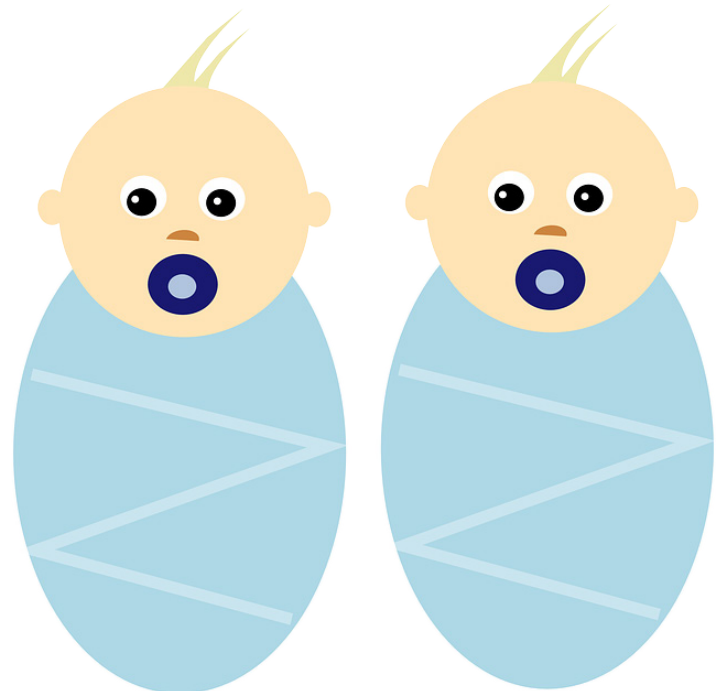
The woman described how she was grateful that her sonographer had turned off the overhead screen as she did not want to see the two shadows floating inside her. She spoke of how she tried not to think about them, but that she could often think of little else.

She was pregnant at 45, after six years of fertility treatment in the pursuit of having a baby – yet, as the article recounts "here she was, 14 weeks into her pregnancy, choosing to extinguish one of two healthy

fetuses, almost as if having half an abortion".

She later said: "If I had conceived these twins naturally,

Robinson, said: "It is so great to hear Arlen and Eivin's story, their parents' choice to protect both of their lives and their



I wouldn't have reduced this pregnancy, because you feel like if there's a natural order, then you don't want to disturb it. But we created this child in such an artificial manner — in a test tube, choosing an egg donor, having the embryo placed in me — and somehow, making a decision about how many to carry seemed to be just another choice. The pregnancy was all so consumerish to begin with, and this became yet another thing we could control".

Right To Life UK
spokesperson, Catherine

amazing recovery and good health since then. Sadly, this is not the reality for some babies as shown by 2020's harrowing statistics."

"Selective-reduction abortions are a particularly disturbing occurrence, with the notion of having to choose one baby over another being hard for most to comprehend. These forms of abortion are also alarming due to their obvious links to able-ism and eugenics, where babies with disabilities are often selected to be aborted."

Kansas Senator Roger Marshall Introduces “Ultrasound Informed Consent Act”

From page 1

due to litigation. For more information, visit: [Ultrasound Laws](#).

“While this reasonable legislation should attract bipartisan support, nearly every Democrat in Congress rejects even the most common-sense protections for women and their unborn children,” said Tobias. “This is not the dark ages, and in making such a decision, women need to be given information, not kept in

the dark.”

On February 28, Senate Democrats, led by Senator Chuck Schumer, failed to invoke cloture on the so-called “Women’s Health Protection Act,” a bill that would have enshrined abortion in federal law and policies and overridden nearly all existing state laws. No Republicans supported the measure, and they were joined in their opposition by only one Democrat, Sen. Joe Manchin

(W.Va.). This legislation would have made sweeping changes, including expanding taxpayer funding of abortion, and eliminating requirements that a woman be given information about the development of her unborn child so she can make an informed decision.

“Democrats would have us turn back the clock and take us back to a time in medicine when ultrasound technology did not provide a window into

the womb,” said Tobias.

“History shows that if women are given the opportunity to review all of the facts about abortion, especially when given a chance to see an ultrasound of their unborn child, they are less likely to have an abortion,” said Jennifer Popik, J.D., legislative director for National Right to Life. “The more women know and understand about their unborn children, the more they choose life.”

Her Human Rights Began in the Womb!

 NATIONAL RIGHT TO LIFE



Love Them Both: 7 ways to help someone who has had an abortion

By Bettina di Fiore

As pro-life activists, we are called to do nothing less than transform the culture. Cultivating a pro-life vision for society involves not only promoting ideas and actions that are life-affirming, but also healing the wounds from the culture of death.

Second in woundedness only to those who have lost their lives are post-abortive women. These women are in great need of support and care, but can be difficult to reach, as they often hide their histories of abortion as a result of regret, shame, and fear of judgment.

It is possible for you to be a positive, healing presence in the lives of post-abortive women, however. These are a few simple ways for you to help:

1. Be loving. As Tori Shaw, Founder of Not Forgotten Ministries, states: “One of the purest demonstrations of love is to be aware of difficult situations and broken people and willingly choose to move towards them.” Moving toward the wounded means presenting yourself in such a way as to not repel them – kindness and understanding are key. Shaw continues:

It’s ... tempting to keep those people at a distance or make it known that we believe they’re wrong. But when we “turn a blind eye” or shout our opinions, it’s like running away from those who need love the most. To have the greatest impact, we must run toward those who are broken, even if we disagree with them, even if they are making terrible choices, and even if the situation is complex and messy.

It is estimated that nearly 1 in 4 American women have had an abortion. What you say on social media and in seemingly casual conversations, and how

you present yourself when engaged in pro-life activism can make a defining impact on whether or not you reach these women. Speak truth, but always with charity, remembering that abortion-wounded women who may be desperate for help but afraid to reach out are hiding in plain sight all around you.

2. Listen without judgment. If you are chosen as a confidante by a post-abortive woman, be there to listen when she needs to talk. You don’t need to have all the answers, or be able to relate to everything she is going through – just be a loving, listening ear. Resist the temptation to interrupt with stories about situations you perceive to be parallel – she may very well feel like her pain is unlike anything else on this earth, and this strategy may therefore backfire and push her further away. The most important thing is simply to show you respect and care for her by allowing her to speak.

3. Check in. Self-imposed isolation is common among post-abortive women due to the prevalent belief that nobody else can understand or relate to what they are going through. The culture has told them hundreds of times in dozens of ways that abortion regret is not real and that they will be able to walk away from the abortion experience without a blip on their existential radars. When this promise fails to become reality, many women question themselves, feeling they must be anomalous in some way, which can cause them to feel disconnected from others.

Particularly if you haven’t heard from a post-abortive friend for some time, take the time to reach out, and be persistent and consistent about following up. Make sure she

knows you care for and are available to her.

4. Familiarize yourself with post-abortive recovery resources. If you are familiar with the resources that exist, it

transformations that occur when they are able to share their stories, reach out to abortion-minded women, and encourage them to embrace life. You can help a post-abortive woman



will be easier for you to direct those who are in need of help to the sources that provide it.

5. Remind her that she is not alone. Studies and meta-analyses have found an increase in the risk of mental health pathologies among post-abortive women, in the range of 45-81%. Anxiety, depression, suicidality, substance abuse, avoidance, guilt, and shame are all remarkably common experiences for women walking this path. However, social problems and isolation are also common – often motivated by the post-abortive woman’s feeling that nobody else can understand what she is going through. Reminding her that she is not alone and helping to connect her with post-abortive support networks such as those mentioned in the list above can be exceptionally helpful to her healing process.

6. Help her transform her pain to purpose. Many post-abortive women’s testimonies speak to the powerful

to find her voice and turn her pain to purpose. This can be done by accompanying her in doing outreach on the sidewalk outside of an abortion facility, by helping her to write her story, or simply by being a voice cheering her on along the way.

7. Be patient. Post-abortive women can provide formidable energy and evidence in support of the pro-life movement, and for that reason, you might feel a great sense of urgency about getting your post-abortive friend to speak out. But women who have made this grave of a mistake must work through an almost inconceivable amount of grief, shame, and fear before they can find their empowered voices. Give her the time and grace she needs for that process, and make sure she knows you are there for her every step of the way.

Editor’s note. This appeared at LiveActionNews and is reposted with permission.

What is your role in making a difference and saving a life?

By Jacki Ragan, Director of State Organizational Development Department

March is now upon us and the number of deaths from abortion continue to climb. There is a lot of hope in all of us that we may be passing the final March, the final winter that *Roe* will be in power. And while we all understand, *Roe* might not be completely overturned, we are hopeful that we will see some relief from abortion on demand, that some lives can be saved, that we can pass more legislation that will save more lives.

But today is today and we have duties before us to try to save lives now. So, what are the plans to help make that happen. What is your role in making a difference and saving a life? Following are several things, that may seem mundane to you, but can and will make a marked difference in passing pro-life legislation, winning elections, educating all on the humanity of the unborn, and overall, making a difference. Taking a step in the right direction.

Please let us know how we can help. What can we do to help you, help us, save lives? We are here and we are ready. Please look at the list below and pick at least 2 things to do. Please pick more if you can.

- Circulate the new petition in your community and help us gather as many pro-life names as possible. The petition is free

and downloadable at [prolifepetition.com](https://www.nrlc.org/prolifepetition.com). Take them to your Church, to your neighborhood gatherings, anywhere

and information on what the legislation can do. And then follow up with them, make sure you get a reasonable response.



you think people might be receptive to helping. As people are signing them, maybe suggest that they help circulate the petitions as well. We need all the help we can get and every name, every entry can make a difference.

- Visit our website and see how your member of Congress is voting on pro-life legislation. If they are voting correctly, send them an appreciative letter, a thank you for their pro-life vote. If they are voting wrong, send them a letter

Visiting <https://cqrengage.com/nrlc/action?0> is just the first step and will present you with two urgent topics. Ask others to do the same. Hearing from their constituents is very helpful in garnering pro-life votes.

- Volunteer at your state affiliate or local chapter. It doesn't have to be hours and hours, even spending a couple of hours a week or a month can, and will, make a huge difference. Click here to find your state office and start there

<https://www.nrlc.org/about/stateaffiliates/>

- Follow us on social media and share and retweet our postings. That may seem like a lot, but we often get feedback about how a particular post or tweet really moved someone. When you share what we post, you are helping spread the word! Follow us on Facebook at National Right to Life and on Twitter at @NRLC.
- Pray. Pray for the women who are frightened and alone, facing an unplanned pregnancy and do not know where to turn. Pray for the abortionists to turn away from killing babies. And pray for an end to abortion on demand. Get a community or Church based group to pray together. Adopt a woman or an abortionist and pray for that person.

More to follow. But for now, this is a good start. We are here if you need help! stateod@nrlc.org Now, let's get going! And thank you in advance for your help, your work, your prayers, and your efforts.

Unborn Child with Down Syndrome Protection and Education Act passes WV SENATE 27-5, Now awaits Governor's Signature

By Mary Anne Buchanan, Communications Director, West Virginians for Life

With just four minutes left in the regular 60-day session, the Unborn Child with Down Syndrome Protection and Education Act (SB 468), a bill supported by West Virginians for Life (WVFL), successfully passed in the West Virginia Senate by a bipartisan 27-5 vote,

Lead Sponsor was Senator Patricia Rucker with cosponsors Senators Mike Azinger, Donna Boley, Charlie Clements, Amy Nichole Grady, Robert Karnes, Mike Maroney, Mark Maynard, Rupie Phillips, Rollan Roberts, Randy Smith, David Stover, Dave Sypolt, Eric Tarr, Jack

Liaison Karen Cross. "I'm so proud of the West Virginia Legislature for protecting these vulnerable babies with disabilities from abortion."

resources for families that are given a disability diagnosis in their unborn child."

WVFL President Wanda Franz, Ph.D., pointed out that



WVFL Political Liaison Karen Cross, Lead Sponsor Senator Patricia Rucker, and WVFL President Wanda Franz, Ph.D.

after an 81-17 vote in the House of Delegates earlier in the day.

The bill will protect unborn babies from being aborted due to a diagnosis of a disability and will require doctors to provide educational materials and information on the support systems available to families raising children with disabilities.

Woodrum, and Patrick Martin. House Lead Sponsor of companion bill HB 4337 was Delegate Kayla Kessinger.

"Killing an unborn child because of a disability is an extreme form of discrimination against people with disabilities," said West Virginians for Life Political



Chloe Kondrich and Dalton Ratcliff say "Embrace Don't Erase Down syndrome."

A Marist Poll (January 2021) showed that of the 1,173 adults surveyed, 70% "oppose abortion due to the expectation a child will be born with Down syndrome." After the victory, National Right to Life (NRLC) State Legislative Director Ingrid Duran stated, "The National Right to Life Committee applauds the great state of West Virginia for putting a stop to eugenic abortions and providing helpful

"Worldwide, a substantial body of research conducted over the past several decades has revealed that women who chose to terminate a pregnancy due to fetal anomaly compared with those who carried their babies to term are at risk for serious, prolonged mental health problems."

With the expected signature by Governor Jim Justice, the bill will take effect July 1, 2022.

Bioethicist Asks, ‘Does Birth Matter?’ Answers, ‘No’

By Wesley J. Smith

The core problem with contemporary bioethics is that the movement denies human exceptionalism. In this view, being human is morally irrelevant. What matters are *capacities*, such as the ability to value one’s life, which make one a “person.”

Under personhood theory, there is such a thing as a human non-person and an animal-person. This view has been applied repeatedly in bioethics discourse to justify infanticide, most (in)famously by Peter Singer. It’s not the unanimous view, to be sure. But it is within the bioethics mainstream. Indeed, the very fact that killing babies is considered a respectable subject for discussion tells us all we need to know about the morality of bioethical discourse.

In our current episode of let’s-allow-baby-killing, an Australian bioethicist named Walter Veit comes to the defense of infanticide proponents who claimed there is no moral difference between late term fetuses and newborn babies. Veit claims that the morality of how we treat children should be judged no differently than how we assess animal welfare. From “Does Birth Matter?”

Animal welfare researchers have long recognised that animal ethics detached from our knowledge of biological science is at best ill-informed and at worst harmful. Cases involving humans should not be treated any differently.

In other words, the ethics of treating a rat or a zebra fish

will be different from a chimpanzee because of their differing capacities. Veit thinks the treatment of humans should be judged in the same fashion, meaning that there is no inherent dignity to a human life that must be respected (sometimes called the “quality of life ethic”).

And since there is no clear biological distinction between a

birth matters morally. It doesn’t.

Veit argues that the “inherent wrongness of abortion” must be rejected. Otherwise, terminations will all be outlawed, as has been attempted in Poland:

But this is precisely what moves religious groups such as those in

shortly before and shortly after birth.

Huh. And here we have always been told that abortion is justified by the autonomy of the pregnant woman controlling her body.

But a born baby isn’t in anyone’s body. Hence, the argument being made here is for a *right not to be a parent* based on the baby’s similar capacities and equal disposability of a fetus.

And if we can kill humans before they become persons, why not also if they lose these capacities through illness, injury, or age? Why not the “right not to be a spouse” or “the child of an incapacitated adult?” Indeed, isn’t that the very kind of demise Michael Schiavo imposed on Terri under the pretense of ceasing unwanted medical treatment?

Closer to the point, 46 Senate Democrats just voted to legally require the availability of abortion to the moment of birth. Veit and many in bioethics would insist this should also mean access to infanticide. Come to think of it, so did former Virginia governor Ralph Northam, at least via neglect after birth. And what would stop that widening of the killable caste once the Democrats got their way?

Here’s the bottom line: Once human life is denigrated as morally irrelevant, what difference does birth make? The question answers itself.

Editor’s note. Wesley’s columns appear at National Review Online and reposted with his permission.

late-term fetus and a born baby, it is okay to kill away:

If the biological sciences reveal that there is no morally salient difference between a newborn and a fetus, that is, that they are almost at the same developmental stage, one must abolish the intuitively compelling idea that

Poland to frighteningly go ahead and attempt to outlaw all abortions. The biological facts about the physiology of the fetus are pushed aside in favour of an intuition about the moral wrongness of abortion. . . . Their arguments fail to demarcate a morally salient difference



Pregnant and alone? A message for women facing unplanned pregnancy

By Chris Alexis

Expectant mothers need support; that's no secret. But when their surrounding environment or relationships don't offer that, social media can be a place to discover it.

It is an important reminder that no one is truly alone, and if they look beyond their immediate circumstance, they will see that good people are out there.

CHOICE42 (Choice For 2) is a Facebook page that offers the opportunity to connect in spades.

For example, on one post a story told in bullet points relays how a young mom leaned on the church. She states she was homeless, pregnant, slept in her car, and considered abortion for 16 weeks.

But it continues, revealing how this young woman found a church where she would choose a foster family; she ended up finding "a home" — for her and her child. It ends with the reveal that her 2-year-old daughter is "asleep upstairs."

The post received many heartfelt supportive replies. They include:

- "I applaud your courage, your wisdom, your integrity, and most of all, your decision to be a mom to your amazing daughter. May you continue to be awed by her power to change your life for the better. Blessings to you both."
- "I loved reading this. The best decision. Babies are truly a blessing and God has blessed you."
- "You are so courageous."

Another example is a Facebook page called "Albany Rose: Pro-Life Atheist."

One post asks followers to

"#ShoutYourMotherhood" and follows up with "Shout about the transcending [bull**t] we overcome to care for those weaker than us, not dispose of someone else's life because we want it easier. That's what being a parent mean[s]. What being a MOTHER means, be it by blood or by love."

This post shares the same story of the woman who leaned on the church, but Albany Rose (a motivational speaker)



concurrently shares in the same post her experience with similar dire circumstances through her own bullet points, including being pregnant and homeless — having also slept in her car.

Despite the bullet-point format, Rose paints a harrowing, emotional illustration of her life: (slept on a hard floor next to an abusive couple, suicidal, trusted no one...). But this one also has a happy ending:

"My 8yo is doing the dishes singing Elvis" #ShoutYourMotherhood

Commenters in response "shout their motherhood" with a variety of horrific stories entailing abuse, homelessness, and more. But they include how they were, in fact, able to have their babies after all.

A couple examples include:

I was

- 17
- a run away
- a high school senior
- jobless
- no car
- not together with my husband at the time
- coerced into aborting from many different people
- told I was going to fail by many
- told I had ruined my life

her 4 year old sister instead of cleaning her room

The immediate takeaway is clear: No one is alone.

Any woman who is pregnant and struggling has a community whose members have or are experiencing similar trials. And these moms all chose life. They are mothers to children whom they do not regret. These women found the strength and courage to endure. And they want you to know that you can do it too.

Social media is a handy tool and can facilitate making real connections — but the key is to connect.

You're not alone. If you are facing an unplanned pregnancy, reach out. There are people who will support you. They've been where you are, they were able to have their children and you can too.

You are strong; you can do this. The pregnancy help community will assist and support you.

Log on to optionline.org or text "HELPLINE" to 313131, and let Option Line's consultants be there for you. And all the while, make sure you stay connected to others — you are not alone.

Editor's note: Chris Alexis is a writer and marketer in the education sector. He started out as pro-choice but over time abortion became harder and harder for him to justify, and through the course of personal experience the married father of three came to a profoundly different place, where he now feels the call to use his gifts to save unborn children. Option Line is managed by Heartbeat International, which manages Pregnancy Help News where this appeared, Reposted with permission.

- My almost 9 yo is playing Minecraft
- #shoutyourmotherhood

Another reveals:

I was:

- newly 21 years old
- halfway through a university degree
- several thousand dollars in student loan debt
- pregnant
- just told I was actually the side chick
- told I should put my child up for adoption to "break the cycle" in my family
- barely recovered from a deep depression
- ashamed and terrified
- an emotional wreck for 6 months
- My 8 year old is downstairs playing with

Massive Spending Bill Preserves Pro-life Protections, including the Hyde Amendment

From page 1

the inclusion of the pro-life protections.

At the beginning of the current Congress, Republicans members sent a strong message to leadership that they would fight their plans to permit taxpayer-funded abortion.

A January 26th, 2021, article from the *National Catholic Register*, “Members of Congress Come Out in Support of Hyde Amendment” explains,

On Tuesday, 197 House Republicans sent a letter to House and Senate leaders of both parties, in support of the Hyde Amendment and other pro-life “riders” that are attached to federal budget bills, prohibiting funding of abortions. “We write to express our unified opposition to Congressional

Democrats’ efforts to repeal the Hyde Amendment and other current-law, pro-life appropriations provisions,” the letter stated...”

There was a similar determination in the Senate, which include party leaders, to stand strong against removal of pro-life provisions.

The appropriations bill, set to be signed next week, retains all long-standing pro-life protections. It also does not increase several troublesome streams of domestic or international family planning dollars over previous levels.

The Hyde Amendment specifically refers to a limitation on spending in one major provision related to Medicaid spending. Hyde-like provisions have been included in other funding bills as well

. This includes prohibition on funding of abortions at the Defense Department, in health plans for federal employees, and in the District of Columbia – to name a few.

Further, the Helms amendment prevents paying for abortion in foreign spending, and the Weldon Amendment protects those who have a conscious-based objection to abortion. All of these provisions were preserved.

According to Carol Tobias, president of National Right to Life, “The vast majority of Americans oppose the use of tax dollars to pay for abortion. However, pro-abortion Democrats have made it their mission to push and promote a policy of abortion on demand, paid for with American tax dollars.”

In poll after poll, American’s oppose taxpayer funding of abortion. In a 2021 Marist

Poll survey, the baseline number who “oppose using tax dollars to pay for a woman’s abortion”—58% —is solid and consistent with prior polling. What is noticeable is that 65% of Independents and even 31% of Democrats oppose federal funding of abortion.

A 2022 survey, conducted by Marist Poll, found that a majority of Americans — 54% — oppose taxpayer funding of abortion.

“Pro-life protections like the Hyde Amendment are reasonable,” said Tobias. “The Hyde Amendment has saved over 2.5 million lives since it was first implemented, yet the Biden administration and pro-abortion Democrats in the House and Senate have consistently opposed protective laws that most Americans agree on.”

Case against UK doctor offering abortion pill reversal dropped

By Bridget Sielicki

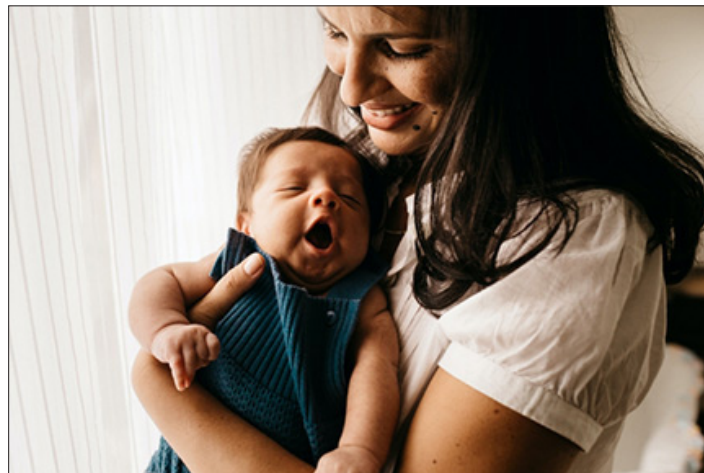
The organization Christian Concern has announced that Britain's General Medical Council (GMC) has dropped its case and lifted restrictions against Dr. Dermot Kearney. The GMC had sanctioned Kearney for his use of the abortion pill reversal treatment and he faced a risk of being struck off the medical register after a complaint from abortion advocates.

Kearney, a cardiologist and emergency physician, has successfully treated 32 women with abortion pill reversal treatment, which involves administering the hormone progesterone to a woman who has taken mifepristone, the first drug in the abortion pill regimen.

Because mifepristone blocks progesterone to deprive the preborn child of nutrients, the progesterone administered works to counteract this process. It's considered safe and has an efficacy rate of 64-68%. According to Heartbeat International, more than 3,000 preborn babies have been saved through the use of progesterone — but despite this, abortion advocates continue to claim that it is an illegitimate use of progesterone.

"When I look at the babies, when I speak to the women

and their partners, it brings tears to my eyes," Kearney told the Daily Mail. "None of the women I helped complained to the GMC, and none of the families either. The women themselves were all very grateful, even when it didn't work. I struggle to understand



why some people oppose this treatment."

Kearney's work came under scrutiny after a complaint from MSI Reproductive Choices, formerly known as Marie Stopes International — an abortion conglomerate. After that complaint, the GMC ordered him to stop providing abortion pill reversal treatment. Despite the abortion giant's complaint, Kearney says that no one he actually helped ever lodged a complaint against

him. In fact, at least one woman alleged that MSI was twisting her words and using them to attack Kearney against her wishes.

After the GMC announced its case against Kearney, women started to speak out in support of his work. One, Amrita Kaur,

I am glad he has finally been vindicated and will now be able to continue to provide crucial support to women in crisis pregnancies."

In dismissing the case, the GMC's report states, "We have been able to read those statements and we have recognised the consistent opinion provided in the statements that Dr. Kearney left the women he had treated well informed about the treatment, was not judgemental, did not attempt to push his own views on them, and was overall considered to have been highly supportive."

Kearney has spoken out about his relief now that the case is dropped, and he is once again able to provide abortion pill reversal treatment. "I am relieved and delighted to have been exonerated," he said according to News Letter.

"I have been the victim of a coordinated campaign by senior figures in the abortion industry who have been determined to prevent women in urgent need from accessing abortion reversal treatment."

Editor's note. This appeared at Live Action News and is reposted with permission.

told how she contacted Kearney in desperation after she took the first abortion pill but realized that she wanted to keep her baby. "There was no judgment or agenda from Dr. Kearney," she said. "He just wanted to help us. Not only did he help me get the progesterone, but also put me in contact with people who could provide material and emotional support."

Kaur went on to say, "I believe the ban against Dr. Kearney was silly and ridiculous and

What do you know? President Biden says he “won’t stand” for ban on abortion after 15 weeks

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HB 5 would take effect on July 1, unless pro-abortionists take it to court. Florida currently allows abortions up until 24 weeks.

That Biden would use a mere tweet to announce “My administration will not stand for the continued erosion of women’s constitutional rights” is most revealing and 100% predictable. As anyone who follows President Biden’s rhetoric knows, he rarely, if ever, utters the word “abortion.”

And, true to form, when he did broach the topic, as he did in his State of the Union Address, President Biden came at it sideways, couching the destruction of nearly 900,000 unborn babies in euphemisms:

“Advancing liberty and justice also requires protecting the rights of women. The constitutional right affirmed in *Roe v. Wade*—standing precedent for half a century—is under attack as never before.

“If we want to go forward—not backward—we must protect access to health care. Preserve a woman’s right

to choose. And let’s continue to advance maternal health care in America.”

Constitutional right; *Roe v. Wade*; precedent; health care; woman’s right to choose, etc., etc. No doubt, anyone looking

for the word “abortion”—such as Planned Parenthood, NARAL, EMILY’s List-- must have been sorely disappointed.

But not surprised. It’s as if the President believes that if he doesn’t vocalize support for the destruction of nearly 900,000 unborn babies each

year (a) no one will notice and/or (b) Biden’s conscience will be lulled to sleep. Not likely, on either count.

As Richard Bach has observed, “Your conscience is the measure of the honesty of your selfishness. Listen to it carefully.”



WEEK 15 **#40Weeks40Facts**

The baby is now the size of a peach.

While movement started much earlier, the mother can start to feel it between 15-18 weeks. Watch out for these little feet!



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Pre-born victims of crime in Canada continue to go unrecognized

By We Need a Law

It looks like the end of legal proceedings in the murder of 27-year-old Arianna Goberdhan, who was killed along with her pre-born daughter Asaara in 2017. Nicholas Baig pled guilty to the murder in 2019 and his latest appeal was rejected after he missed his 30-day window to appeal by almost a year and a half. This closes the legal case, but it's not a fulfilling ending for the family of Arianna.

Losing a loved one to a violent crime is a hurt that cannot be repaired even by the harshest sentence possible. The problem goes deeper for the Goberdhans, however, as they mourn not only Arianna, but also her daughter Asaara. Arianna and her daughter Asaara were buried together – Asaara a perfectly formed baby who died waiting for emergency services to arrive. Asaara was not recognized by our criminal justice system because she was still in the womb when she was murdered.

Baig could not plead ignorance of the fact that

his crime impacted two victims: Arianna, nine months pregnant, was his wife. It is well established that pregnant women are more at risk for intimate partner violence, but our Criminal Code doesn't recognize this. And there is no recognition of the harm that these crimes do to a pre-born child.

This legal gap exists because of abortion. Even though Arianna and Asaara never went to an abortion clinic, Parliament's failure to recognize the human rights of pre-born children means that victims like Asaara go unrecognized by the law, even when their death has nothing to do with abortion.

Parliament had the chance to rectify this gap when MP Wagantall introduced Cassie & Molly's Law in 2015. That law would have introduced additional penalties for offenders who knowingly assault or murder pregnant women and their children. However, Parliament voted the bill down. For many pro-

choice MPs, the reason they voted against this bill was their concern over whether it might lead to more conversations about abortion.

Joyce Arthur, executive director of the Abortion Rights

to consider even bans on sex selective abortion or late term abortion, pre-born victims will continue go unrecognized. These victims include those who lose their lives to abortion, but it also includes victims of crime



Coalition of Canada, bluntly stated her concerns this way: "If the fetuses are recognized in [law], ... it could bleed into people's consciousness and make people change their minds about abortion."

As long as many of our politicians remain unwilling

like Asaara, whose murder goes unrecognized. It's time for Parliament to stop letting abortion politics get in the way of meaningful debate on bills that will have a positive impact for families like the Goberdhans and bring justice for the youngest victims of crime.

English Government Ending Abortions by Mail

By Randall K. O'Bannon, Ph.D. NRL Director of Education & Research

While the American government has removed limits on chemical abortions by telemedicine, offering blithe assurances of safety, health ministers from England have announced that come August 30, 2022, they will be reinstating limits on the abortion “pills by post” scheme they had temporarily allowed during the COVID pandemic.

A copy of the English government’s 2/24/22 press release can be found at www.gov.uk/government/news/england-to-return-to-pre-pandemic-system-for-early-abortions

American abortion activists had pushed the U.S. Food and Drug Administration (FDA) to follow the lead of their British counterparts in March 2020 in allowing abortion pills to be prescribed and mailed to a woman’s home after a video or phone consultation. This ostensibly was to protect her from exposure to the virus she might encounter coming in for an in-person clinical visit.

Back in the U.S., after several legal back and forths and a change in presidential administrations, the FDA agreed to suspend regulations requiring an in-person visit for delivery of the abortion pills in April of 2021 for the sake of the pandemic, with a promise to review the regulation over the coming months. In December of 2021, Biden’s FDA made the suspension permanent, independent of the status of the virus, agreeing that various studies submitted by abortion activists had shown telemedical abortion sufficiently “safe and effective.”

This is what makes the English government’s decision

to end the telemedical abortion program there all the more remarkable. Presumably having access to all the same studies and research, the English Department of Health and Social Care (DHSC) looked at the data and apparently said “No.” They didn’t consider the “pills by post” program sufficiently safe or effective to allow it to continue once the

internet and mail order system. Unscrupulous partners posing as pregnant women could order abortion pills which are then given to women without their knowledge or consent. (There have been several legal cases where this has already happened in the U.S.).

Whether this is what happened in England, we do not know. However, the DHSC

abortions were just as safe as those of women who obtained their pills directly from the abortion clinic, those studies generally glossed over serious safety issues exposed by the studies.

Researchers might claim to have stellar safety and efficacy rates among the women for whom they had data, but could not be so certain about the condition of those women of whom they lost track. Aid Access, an international group which has sold abortion pills online to women in America, reported “success” rates of over 96% in a recent study published in the *Lancet*. They downplayed the fact that they lost track of 30% of the women to whom they mailed the pills.

When one considers how women dealing with serious bleeding or cramping issues, infections, or rupturing ectopic pregnancies after receiving these pills by mail are more likely to seek help at their local emergency room than they are to try and contact the salesperson who sold them these pills, often from another country, the high safety or success rates claimed by these studies are laughable.

It is probably no coincidence that this decision by the English government comes on the heels of a recent report by a public health researcher in Britain that looked at the numbers of chemical abortion patients treated at British hospitals from June 2019 through May 2021. The data reported back to Percuity, the research firm, found that 5.9% of women having complications



pandemic wound down.

The DHSC did not make its rationale public beyond noting that they ran a “public consultation” between November 2020 and February 2021 soliciting views on whether to make the allowance for home abortions permanent. In a public statement, the DHSC claimed they had received over 18,000 consolation responses, with the majority in favor of ending the approval.

The issue of “domestic abuse” came up in the consultations, the DHSC said, but did not explain this further. A concern raised by pro-lifers in America has been the potential for abuse in the

wished to make clear “we intend to work closely with the Violence Against Women and Girls sector and the Domestic Abuse Commissioner to ensure safeguarding and domestic abuse are central to ongoing work.”

Some allusion to safety issues with telemedical abortions seems implied by the DHSC’s closing statement that “The wellbeing and safety of women requiring access to abortion services has been, and will continue to be, our first and foremost priority.”

Despite assurances of American abortion activists that telemedical chemical

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Biden and his fellow pro-abortion Democrats have lost massive ground among electorate

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parties had been tied among Hispanic voters in the *Journal's* survey in November.”

Even support from the Democrats' most loyal voting bloc has shrunk:

Democratic margins also eroded among Black voters, who favored a Democrat

for Congress by 35 percentage points in the new survey, down from 56 points in November. Support for a Republican candidate rose to 27% among Black voters, up from 12% in November.

As you would expect, these percentages are reflected in the way people judge the party's performance on almost all key issues. These include the economy--39% approval, 59% disapproval; inflation--34% approval, 63% disapproval; strong leadership--41% approval, 57% disapproval; and

crime--33% approval, 56% disapproval.

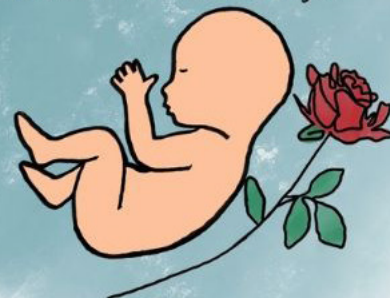
These are mind-numbingly bad numbers for Biden and his party, the leader of the Party of Abortion. November 8th can't come soon enough.

2022 NATIONAL RIGHT TO LIFE CONVENTION

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 *Alive & Growing*
From the Moment Our Lives Began



Save Your Spot!

After seeing that sonogram, nothing would ever be the same

By Maria V. Gallagher, Legislative Director, Pennsylvania Pro-Life Federation

The image flashes in my mind's eye like a scene from a movie. I vividly recall the visage of my baby on the screen—an image that was captured in a photo that I treasured. I could see in that image my mother's smile, re-drawn in the face of my child.

The sonographer remarked that she could see the baby playing with her toes. In that moment, my motherhood became real to me. I fell instantly and madly in love with the image on the screen.

An ultrasound changed my life—and documented the life of my preborn child. After seeing that sonogram, nothing would ever be the same. I would be forever connected with the child I would give birth to, to the sweet little girl I would call my own.

I want every pregnant woman to have an opportunity for the same experience. That is why I support the Ultrasound

available to a woman seeking an abortion.

Women deserve to be informed completely about the

would have. No woman should be deprived of such valuable knowledge.

It should be apparent that failing to disclose such information to a pregnant woman is highly suspect. It places a cloak of secrecy around the entire abortion process.

Of course, it should not be surprising that abortion centers want to operate under cover of darkness. Each abortion is the taking of an innocent, unrepeatable human life. It is quite hard to argue for “choice” when the face of the victim appears on the screen.

Please join me in urging your Senators to support the Ultrasound Informed Consent Act. It is a valiant measure, aimed at ensuring that women know the irrefutable scientific facts before an abortion is performed.



Informed Consent Act, which has been introduced by Senator Roger Marshall (R-Kansas). This brilliant bill would require abortionists to make ultrasound

development of their unborn child. An ultrasound is part of the critical information needed for a woman to know clearly the impact that an abortion

English Government Ending Abortions by Mail

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connected to an incomplete abortion with “retained products of conception.” Three percent of women in the survey required surgery to deal with these incomplete abortions and 2.3% of chemical abortion patients had to be treated for hemorrhage.

This was while official government reports were putting complication rates at hundreds of thousandths of a percent.

Even more to the point, because the time frame of the

study straddled the time at which the government authorized its “pills by post” program, Percuity was able to compare safety and efficacy rates before and after the government’s decision. When more of these abortions were done at home, results clearly showed an increase in complications, in incomplete abortions, in surgery to address these, and in cases of hemorrhage.

With telemedicine and phone interviews, prescribers are not able to actually physically

examine and screen would be abortion pill patients. While a woman coming to the clinic can have her pregnancy more precisely dated by ultrasound, and can ensure that the child is safely burrowed in the uterine wall instead of lodged in the narrow fallopian tube, a nurse screening someone over the phone will have to rely on the woman’s honesty and best estimate of the length and location of her pregnancy.

Is she misestimates the date of her last menstrual

period or fails to notice any symptoms of an ectopic pregnancy, she could encounter trouble, as the abortion pill’s effectiveness wanes and the risk of complications increases the farther along she is in the pregnancy.

Time will tell how things will ultimately play out in England, but for the moment, it appears that their government has done a much better job at “following the science” than our own government agency has.